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September 27, 2005

FILE

Mr. Michael J. Seymour, Esq.  
Feczko and Seymour  
520 Grant Building  
310 Grant Street  
Pittsburgh, PA 15219-2201  
Facsimile: 412-261-4970

**RE: National Indoor Football League v. RPC Employer Services, et. al.**

Dear Mr. Seymour:

Last Friday, I spoke with Carolyn Shiver, President of the NIFL, concerning the information related to each player's injuries. She has finished assembling updated information and shipped the documents over the weekend. Please be advised she is in Lafayette, LA in the hurricane zone.

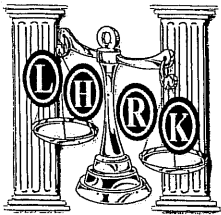
Once we receive and review the documents, we immediately will forward same to your office.

Thank you.

Very truly yours,

Timothy C. Leventry, LL.M.  
Attorney at Law

TCL/rs  
cc: Carolyn Shiver



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November 18, 2005

Mr. Michael J. Seymour, Esq.  
Feczko and Seymour  
520 Grant Building  
310 Grant Street  
Pittsburgh, PA 15219-2201

**RE: National Indoor Football League v. RPC Employer Services, et. al.**

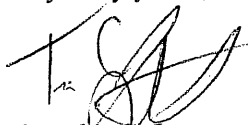
Dear Mr. Seymour:

Attached herewith please find medical records for thirteen (13) NIFL teams including the Billings Outlaws, Johnstown J'Dogs, Louisiana Bayou Beast, Louisiana Rangers, Lake Charles Landsharks, Mississippi Firedogs, Mobile Seagulls, Rapid City Red Dogs, Sioux City Bandits, Sioux Falls Storm, South Oregon Heat, Tri-City Diesel, and Wyoming Cavalry. Each team's medical records are separated into individual files. The first page of each file contains a spreadsheet showing each player's medical bills broken down by date of injury, date of service, medical vendor, amount of bill and a description of the injury. Each file then contains supporting claim documentation corresponding to each spreadsheet.

You will find check marks beside each amount on the spreadsheets indicating corresponding medical claim records have been provided. A few player's records are missing and the corresponding backup documentation must be obtained. The following players medical records were not provided to us and, therefore, not included in the package: Alexis Lee (Mobile Seagulls) (supporting documentation needed for 1 claim); John McCorvey (Mobile Seagulls) (supporting documentation needed for 4 claims); Ronnie Thompson (Mobile Seagulls) (supporting documentation need for 1 claim); Roger Pedersen (Sioux Fall Storm) (supporting documentation needed for 5 claims); Anthony Simon (Wyoming Cavalry) (supporting documentation needed for 2 claims); Michael Boster (Wyoming Cavalry) (supporting documentation needed for 1 claim); Robert Norris, Duane Monlux, Kendall Hill, Aldwin Lance (all Wyoming Cavalry) (each player needs supporting documentation for 1 claim a piece); and Alphonsus Olieh (Tri-City Diesel) (supporting documentation needed for 2 claims). Aside from these few players, we have provided all medical claim records supporting the NIFL's claim.

If you have any questions with regard to these records, please contact my office.

Very truly yours,

A handwritten signature in black ink, appearing to read 'T. Leventry', with a stylized flourish at the end.

Timothy C. Leventry, LL.M  
Attorney at Law

TCL/rs

Enclosure

cc: The Honorable Donetta W. Ambrose  
Carolyn Shiver



# Leventry, Haschak, Rodkey & Klementik, LLC

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December 5, 2005

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**VIA Facsimile: 412-261-4970**

**Michael J. Seymour, Esq.**  
**Feczko and Seymour**  
520 Grant Building  
310 Grant Street  
Pittsburgh, PA 15219-2201

**Re: National Indoor Football League v. RPC Employer Services, et. al.**

Dear Mr. Seymour:

This letter addresses Paragraphs 1, 2 and 3 of Judge Ambrose's July 18, 2005 Order and your letter of December 1, 2005. I will begin with Paragraph 3. To determine what a medical provider would receive for proving services covered by Workers' Compensation, the Ohio Bureau of Workers' Compensation publishes a Provider Fee Schedule containing five character codes corresponding with the Current Procedural Terminology ("CPT") developed by the American Medical Association ("AMA"). The Current Procedural Terminology lists five character codes along side descriptive terms of each type of service for reporting medical services and procedures. In addition to adopting the AMA's Current Procedural Terminology, the Provider Fee Schedule also adopted some of the five character codes used by the Health Care Financing Administration's Common Procedure Coding System ("HCPCS") for the categories of Ambulance, Medical/Surgical Supplies, Durable Medical Equipment, Orthodontics/Prosthetics, Dental, Home Nursing, Traumatic Brain Injury, Vision, Speech Language and Vocational Rehabilitation. Each five character code (both the CPT and HCPCS codes) in the Provider Fee Schedule then corresponds with the particular reimbursement amount which the medical provider is entitled to receive for proving a particular service. Quite literally, the Provider Fee Schedule contains thousands of listed procedures and corresponding amounts that vary depending upon the nature of the procedure or service. The Ohio Bureau of Workers' Compensation does not specify a percentage which it will pay for a claim because each procedure and service is treated differently in the Provider Fee Schedule.

Notwithstanding the reimbursements contained in the Provider Fee Schedule, Ohio law provides that the NIFL is entitled to full reimbursement of all medical bills and any lost wages. In Vandemark v. Southland Corporation, the Supreme Court of Ohio considered whether an employee

L:\NNational Indoor Football League 01-214\ltr to Seymour Re - Ohio Comp. Coverage 12-1-05.wpd

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**EXHIBIT**

C

could sue his employer in tort claiming the full amount of medical bills and lost wages for the employer's failure to process a workers' compensation claim despite the immunity generally afforded to an employer from suits by injured employees under the Ohio Workmen's Compensation Act. 525 N.E.2d 1374 (1988). Upon reviewing applicable case law, the Ohio Supreme Court permitted the employee to file suit in tort for the full amount of damages allowed at common-law without limiting the medical bill based damages to the amounts reimbursed under Ohio Workmen's Compensation. The Ohio Supreme Court relied heavily on the fact the essential nature of the claim "falls outside the scope of workers' compensation statutes" (emphasis added). *Id.* at 1376-1377. In holding that a common-law cause of action exists by the employee against the employer for failure to process a claim for worker's compensation, the Court reasoned:

"[t]he injury alleged in this regard is not a physical injury sustained in the course of employment; rather, it is in the nature of a financial injury that resulted from the employer's alleged failure to process a workers' compensation claim back in 1980. The injury alleged in plaintiff's complaint occurred when plaintiff discovered that the defendant had not processed the prior claim. . . . As mentioned before, the instant cause is not a workers' compensation action; it is a common-law action for damages outside the scope of workers' compensation." *Id.* at 1377-78.

The reasoning of Vandemark applies with equal force in this case. The NIFL's claims are for common-law damages and unpaid medical bills caused by RPC's failure to secure workers' compensation insurance similar to the Vandemark Plaintiff's common-law claim for damages and unpaid medical bills caused by the Vandemark Defendant's failure to process a workers' compensation claim. Count II (Breach of Contract) and Count III (Fraud) of the NIFL's Amended Complaint are common-law actions. The actual damages available under Count I (RICO) also are based upon common-law damages. Because the NIFL's claims are for common-law damages, the damages available to the NIFL are the full amount of damages and medical bills rather than damages based upon reimbursement rates under the Ohio Workers' Compensation Act. The Vandemark Plaintiff was entitled to pursue the full amount of damages available at common-law and the NIFL also is permitted to do so.

Pennsylvania law also permits an action at law for full damages unrestricted by the workers' compensation reimbursement rates. 77 P.S. §501(d). The Pennsylvania Superior Court has interpreted this section as allowing an employee to proceed against the employer's automobile liability insurer where the employer fails to carry workers' compensation insurance. Harleysville Insurance Company vs. Wozniak, 500 A. 2d 872, 875 (Pa. Super. 1985) Because the employee may proceed with an action at law for damages, the Superior Court did not limit damages to the level of reimbursement available under Pennsylvania's Workers' Compensation Act. *Id.* at 874-876.

Given above-discussed case law and statutory law, the NIFL is entitled to the full amount of damages including all medical bills, lost wages and out-of-pocket costs. Both Ohio law and Pennsylvania law clearly state the NIFL's claim is an action at law for full damages and penalties, which is not subject to the reimbursement rates applicable only to claims falling within the scope of



workers' compensation statutes. Practically speaking, the Defendants should not be rewarded for its failures.

In regard to Paragraphs 2 and 3 of the July 18, 2005 Order, I respectfully disagree with your contention that the NIFL provided a billing statement that is insufficient to meet the requirements of the July 18, 2005 Order and insufficient to evaluate NIFL's claim. To the contrary, we complied with the Order by sending to you completed Health Insurance Claim Forms (HCFA-1500's), which are mandated by the federal government's Healthcare Financing Administration and Department of Labor to reimburse health care providers for services rendered under the Medicare/Medicaid programs and to reimburse injured federal employees covered under the Department of Labor's Office of Workers' Compensation Programs. Form HCFA-1500 is not a billing statement. These forms are universally used for claim submission purposes by medical providers nationwide. Most importantly, Form HCFA-1500 contains the same details as the Ohio Bureau of Workers' Compensation Claim Forms (Form FROI-1), but it is superior in that it has a physician verification and identifies the specific treatment or services provided unlike Form FROI-1.

By way of background information, Professional Risk Management, the NIFL's Third Party Administrator for Ohio Bureau of Workers' Compensation Claims who was procured by RPC, required most teams' employees to complete the Ohio BWC's form FROI-1 following an injury. The FROI-1 is the application used to initiate and to submit a workers' compensation claim with the state of Ohio. Unlike the FROI-1, each provider produced the HCFA-1500 forms attempting to get paid and, in some cases, sent their completed forms to Professional Risk Management. For example, I have attached Maynor Gray's claim form signed by Dr. Scott McClelland, MD. In other cases, the physician's/provider's sent the HCFA-1500 forms directly to either the NIFL or to the Ohio BWC, examples of which include William Locklear's HCFA-1500, which is attached hereto, and Alexander Dion's HCFA-1500, which you attached to your December 1, 2005 letter.

Notably, both the HCFA-1500 and the FROI-1 essentially contain the same information because they are both used for claim purposes. As an illustration, I have attached a copy of William Locklear's Form FROI-1 along with the HCFA-1500 produced by Dr. Dan Davidson (referral by Dr. Scott McClelland). The HCFA-1500 contains identical information contained on the FROI-1 including the player's name, player's birth date and social security number, player's mailing address, the date of injury, the name of the employer or insurance provider (which varies by player because some forms identify the individual team while other identify Professional Risk Management or the NIFL), and the identifying information for the medical provider or physician. Form HCFA-1500, however, is more detailed than form FROI-1 because it contains the amount of the provider's charges along with the CPT or HCPCS five digit code identifying the specific service or treatment rendered. The description of the procedure or service rendered is located Box 24(D). The AMA compiles the CPT codes in yearly publications, and the federal government also compiles the HCPCS codes in yearly publications.

The bulk of the NIFL's claims against the Defendants relate to the unpaid bills for provider services, so the five digit code and corresponding charge listed on the HCFA-1500 is particularly relevant to illustrating the NIFL's damages. On the other hand, the Ohio workers' compensation claim form FROI-1 lacks any information with respect to the damages suffered by the NIFL for

unpaid provider services and treatment. In fact, given the Vandemark rule that the NIFL's damages equal the full damages for unpaid medical bills available at common-law instead of the amounts paid under the Ohio Workmens' Compensation Act, Form HCFA-1500 is more appropriate to substantiate damages because unlike FROI-1, it contains information specifically referencing the treatment/procedures/services provided along with the amounts charged.

Each physician or provider also submitted a written or printed signature on line 31 of each HCFA-1500, which the FROI-1 does not require. Pursuant to the requirements of the HCFA-1500, when the form is used to seek reimbursement for services provided to employees under the DOL's Office of Workers' Compensation Programs, HCFA-1500 instructs each physician to certify "that the services shown on this form were medically indicated and necessary to the health of this patient and were personally rendered or were rendered incident to your direct order." A copy of a blank HCFA-1500 and the accompanying instructions is attached hereto. Accordingly, Form HCFA-1500's physician's or provider's signature addresses the medical treatment verification requirements of Paragraph 2 of the July 18, 2005 Order, whereas FROI-1 does not address those requirements.

In short, the NIFL complied with each Paragraph of the July 18, 2005 Order. The records forwarded to the Defendants contain all necessary information required to evaluate the NIFL's claim for damages during settlement negotiations. Notwithstanding the NIFL's compliance with the July 18, 2005 Order, the NIFL is in the process of obtaining copies of the underlying medical records for anticipated use at trial. We will forward these to you as soon as possible.

If you have any questions, please contact my office.

Very truly yours,

A handwritten signature in black ink, appearing to read "Timothy C. Leventry", written over a horizontal line.

Timothy C. Leventry, LL.M  
Attorney at Law

TCL/rs

cc: Honorable Donetta W. Ambrose (w/encl.)  
Carolyn Shiver (NIFL)





PLEASE  
DO NOT  
STAPLE  
IN THIS  
AREA

PROFESSIONAL RISK MANAGEMENT  
ATTN: WORKERS COMP DEPT  
P O BOX 1049  
YOUNGSTOWN, OH 44501

HEALTH INSURANCE CLAIM FORM

1. MEDICAID (Medicaid #) <input type="checkbox"/> (Medicaid #) <input type="checkbox"/> (Source's SSN) <input type="checkbox"/> (VA File #) <input type="checkbox"/>		CHAMPUS		CHAMPVA		GROUP HEALTH PLAN (SSN or ID) <input type="checkbox"/>		FECA BLK LUNG (SSN) <input checked="" type="checkbox"/> (ID) <input type="checkbox"/>		OTHER		1a. INSURED'S I.D. NUMBER (FOR PROGRAM IN ITEM 1)	
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) GRAY, MAYNOR		3. PATIENT'S BIRTH DATE MM DD YY 12 05 1974		SEX M <input checked="" type="checkbox"/> F <input type="checkbox"/>		4. INSURED'S NAME (Last Name, First Name, Middle Initial) SAME		5. PATIENT'S ADDRESS (No. Street) 3629 CYPRESS ST APT 19		6. PATIENT RELATIONSHIP TO INSURED Self <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>		7. INSURED'S ADDRESS (No. Street) SAME	
CITY WEST MONROE		STATE LA		8. PATIENT STATUS Single <input type="checkbox"/> Married <input type="checkbox"/> Other <input type="checkbox"/>		9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)		10. IS PATIENT'S CONDITION RELATED TO: a. EMPLOYMENT? (CURRENT OR PREVIOUS) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO b. AUTO ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO c. OTHER ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 10d. RESERVED FOR LOCAL USE		11. INSURED'S POLICY GROUP OR FECA NUMBER		12. INSURED'S DATE OF BIRTH MM DD YY 12 05 1974	
13. OTHER INSURED'S POLICY OR GROUP NUMBER		14. OTHER INSURED'S DATE OF BIRTH MM DD YY		15. OTHER INSURED'S SEX M <input type="checkbox"/> F <input type="checkbox"/>		16. EMPLOYER'S NAME OR SCHOOL NAME		17. INSURANCE PLAN NAME OR PROGRAM NAME PROFESSIONAL RISK MANAGEMENT		18. IS THERE ANOTHER HEALTH BENEFIT PLAN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		19. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below	
20. READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.		21. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE		22. SIGNED SIGNATURE ON FILE		23. DATE		24. 05 10 2001		25. SIGNED SIGNATURE ON FILE		26. DATE	
27. DATE OF CURRENT ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY (LMP)		28. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS GIVE FIRST DATE MM DD YY		29. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY		30. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY		31. OUTSIDE LAB? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		32. MEDICAID RESUBMISSION CODE		33. PRIOR AUTHORIZATION NUMBER	
34. NAME OF REFERRING PHYSICIAN OR OTHER SOURCE		35. 1.D. NUMBER OF REFERRING PHYSICIAN		36. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY		37. OUTSIDE LAB? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		38. MEDICAID RESUBMISSION CODE		39. PRIOR AUTHORIZATION NUMBER		40. ORIGINAL REF. NO.	
41. RESERVED FOR LOCAL USE		42. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (RELATE ITEMS 1, 2, 3 OR 4 TO ITEM 24C BY LINE)		43. 1. L		44. 2. L		45. 3. L		46. 4. L		47. 5. L	
48. DATE(S) OF SERVICE From MM DD YY To MM DD YY		49. Place of Service		50. Type of Service		51. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER		52. DIAGNOSIS CODE		53. \$ CHARGES		54. DAYS OR UNITS	
55. 05102001		56. 05102001		57. 11		58. 1		59. 99203		60. 1		61. 122 00	
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504. 05102001		505. 05102001		506. 11		507. 1		507. 99203		507. 1		507. 122 00	
508. 05102001		509. 05102001		510. 11		511. 1		511. 99203		511. 1		511. 122 00	
512. 05102001		513. 05102001		514. 11		515. 1		515. 99203		515. 1		515. 122 00	
516. 05102001		517. 05102001		518. 11		519. 1		519. 99203		519. 1		519. 122 00	
520. 05102001		521. 05102001		522. 11		523. 1		523. 99203		523. 1		523. 122 00	
524. 05102001		525. 05102001		526. 11		527. 1		527. 99203		527. 1		527. 122 00	
528. 05102001		529. 05102001		530. 11		531. 1		531. 99203		531. 1		531. 122 00	
532. 05102001		533. 05102001		534. 11		535. 1		535. 99203		535. 1		535. 122 00	
536. 05102001		537. 05102001		538. 11		539. 1		539. 99203		539. 1		539. 122 00	
540. 05102001		541. 05102001		542. 11		543. 1		543. 99203		543. 1		543. 122 00	
544. 05102001		545. 05102001		546. 11		547. 1		547. 99203		547. 1		547. 122 00	
548. 05102001		549. 05102001		550. 11		551. 1		551. 99203		551. 1		551. 122 00	
552. 05102001		553. 05102001		554. 11		555. 1		555. 99203		555. 1		555. 122 00	
556. 05102001		557. 05102001		558. 11		559. 1		559. 99203		559. 1		559. 122 00	
560. 05102001		561. 05102001		562. 11		563. 1		563. 99203		563. 1		563. 122 00	
564. 05102001		565. 05102001		566. 11		567. 1		567. 99203		567. 1		567. 122 00	
568. 05102001		569. 05102001		570. 11		571. 1		571. 99203		571. 1		571. 122 00	
572. 05102001		573. 05102001		574. 11		575. 1		575. 99203		575. 1		575. 122 00	
576. 05102001		577. 05102001		578. 11		579. 1							

PLEASE  
DO NOT  
STAPLE  
IN THIS  
AREA

NIFL \*\*W/C\*\*  
ATTN: SUSAN NATIONS  
600 LOIRE AVE  
LAFAYETTE, LA 70507

X( )X( )PICA

HEALTH INSURANCE CLAIM FORM

1. MEDICARE (Medicare #)		MEDICAID (Medicaid #)		CHAMPUS (Sponsor's SSN)		CHAMPVA (VA File #)		GROUP HEALTH PLAN (SSN or ID)		FECA BLK LUNG (SSN)		OTHER (ID)		1a. INSURED'S I.D. NUMBER (FOR PROGRAM IN ITEM 1)			
												<input checked="" type="checkbox"/>		240595994			
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) LOCKLEAR, WILLIAM C								3. PATIENT'S BIRTH DATE MM DD YY 12 13 77				M SEX F <input checked="" type="checkbox"/> X		4. INSURED'S NAME (Last Name, First Name, Middle Initial) SAME			
5. PATIENT'S ADDRESS (No., Street) 914 WEST OLIVE								6. PATIENT RELATIONSHIP TO INSURED Self <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>				7. INSURED'S ADDRESS (No., Street) SAME					
CITY WEST MONROE				STATE LA				8. PATIENT STATUS Single <input type="checkbox"/> Married <input type="checkbox"/> Other <input checked="" type="checkbox"/>				CITY STATE					
ZIP CODE 71292				TELEPHONE (Include Area Code) (318) 325-7840				Employed <input type="checkbox"/> Full-Time Student <input type="checkbox"/> Part-Time Student <input type="checkbox"/>				ZIP CODE TELEPHONE (INCLUDE AREA CODE) (318) 325-7840					
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)								10. IS PATIENT'S CONDITION RELATED TO:				11. INSURED'S POLICY GROUP OR FECA NUMBER					
a. OTHER INSURED'S POLICY OR GROUP NUMBER								a. EMPLOYMENT? (CURRENT OR PREVIOUS) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				a. INSURED'S DATE OF BIRTH MM DD YY 12 13 77					
b. OTHER INSURED'S DATE OF BIRTH MM DD YY								b. AUTO ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				SEX M <input checked="" type="checkbox"/> F <input type="checkbox"/>					
c. EMPLOYER'S NAME OR SCHOOL NAME								c. OTHER ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				b. EMPLOYER'S NAME OR SCHOOL NAME NIFL BAYOU BEAST					
d. INSURANCE PLAN NAME OR PROGRAM NAME								10d. RESERVED FOR LOCAL USE				c. INSURANCE PLAN NAME OR PROGRAM NAME					
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below. SIGNATURE ON FILE SIGNED _____ DATE 5/04/01								13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below. SIGNATURE ON FILE SIGNED _____				d. IS THERE ANOTHER HEALTH BENEFIT PLAN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If yes, return to and complete item 9 a-d.					
14. DATE OF CURRENT: MM DD YY				ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY (LMP)				15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS. GIVE FIRST DATE MM DD YY				16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY					
17. NAME OF REFERRING PHYSICIAN OR OTHER SOURCE MCCLELLAND, MD, SCOTT				17a. I.D. NUMBER OF REFERRING PHYSICIAN				18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY				20. OUTSIDE LAB? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO \$ CHARGES					
19. RESERVED FOR LOCAL USE				21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. (RELATE ITEMS 1,2,3 OR 4 TO ITEM 24E BY LINE) 1. 959.7 2. 3. 4. 22. MEDICAID RESUBMISSION CODE 23. PRIOR AUTHORIZATION NUMBER				24. A FROM MM DD YY DATE(S) OF SERVICE MM DD YY TO MM DD YY 5 04 01 B Place of Service 2 C Type of Service F D PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER 73721 26 MRI/LOW EXTREMITY/JOINT W/OUT E DIAGNOSIS CODE 1 F \$ CHARGES 165 00 G DAYS OR UNITS 1 H EPSDT Family Plan I EMG J COB K RESERVED FOR LOCAL USE									
25. FEDERAL TAX I.D. NUMBER 720853141				SSN EIN X				26. PATIENT'S ACCOUNT NO. 268470				27. ACCEPT ASSIGNMENT? (For govt. claims, see back) X YES NO					
28. TOTAL CHARGE \$ 16500				29. AMOUNT PAID \$				30. BALANCE DUE \$ 16500				31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) DAN DAVIDSON, MD SIGNED 6/13/01 DATE					
32. NAME AND ADDRESS OF FACILITY WHERE SERVICES WERE RENDERED (If other than home or office) NORTH MONROE HOSP 3421 MEDICAL PARK DR MONROE LA 71203				33. PHYSICIAN'S SUPPLIER'S BILLING NAME, ADDRESS, ZIP CODE & PHONE. RADIOLOGY ASSOCIATES 1601 LAMY LANE MONROE LA 71203 PIN# 07372R GRP#													

**BWC**

Work with you to solve.

# First Report of an Injury, Occupational Disease or Death

## WARNING:

Any person who obtains compensation from BWC or self-insuring employers by knowingly misrepresenting or concealing facts, making false statements, or accepting compensation to which he/she is not entitled is subject to felony criminal prosecution for fraud.

(R.C. 3912.49)

For faster service

Complete as much of all four sections of this form as possible. Type or print in black or blue ink.

Injured Worker Info.

Last Name, First Name, Middle Initial <b>LOCKER, William C.</b>		Social Security Number <b>240-59-5994</b>	Marital Status <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed	Date of Birth <b>12/13/77</b>
Home Mailing Address <b>914 W. Olive</b>		Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Number of Dependents	
City <b>West Monroe</b>	State <b>LA</b>	5-digit ZIP Code <b>71292</b>	Department Name	
Wage Rate <b>\$ 200</b>	<input type="checkbox"/> Hour <input type="checkbox"/> Month <input checked="" type="checkbox"/> Week <input type="checkbox"/> Per Year <input type="checkbox"/> Other		What days of the week do you usually work? <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input checked="" type="checkbox"/> Thur <input type="checkbox"/> Fri <input type="checkbox"/> Sat	
Have you been offered or do you expect to receive payment for this claim from anyone other than the Ohio Bureau of Workers' Compensation or the employer? <b>YES</b> <input checked="" type="checkbox"/> <b>NO</b>			Occupation or Job Title <b>Football Player</b>	
I am applying for recognition of my claim under the Ohio Workers' Compensation Act for work-related injuries that I did not purposely inflict. I request payment for compensation and/or medical expenses on demand. Direct payment(s) to the provider of my medical services are authorized. I understand that I am giving the provider who attempts to treat or examine me			Telephone Number <b>318-325-7840</b> Work Number  Injured Worker Signature  Date 	

Injury/Disease/Death Info.

Date of Injury/Disease <b>4/23/01</b>	Type of Injury <b>T-30</b> <input checked="" type="checkbox"/> DCM <input checked="" type="checkbox"/> DFM	If fatal, give date of death	Date Last Worked	Date Returned to Work
Accident Location (street address) <b>Biloxi Civic Center</b>		Date Hired	State Where Hired	Date Employer Notified
City <b>Biloxi</b>		State <b>MS</b>	Was place of accident or exposure on employer's premises? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Description of Accident (Describe the sequence of events that directly injured the employee, or caused the disease or death)		Type of Injury/Disease and Part(s) of Body Affected (For example: sprain of lower left back, etc.)		
During play, players lower legs were trapped and player was then bent completely back over.				
(2) KNEE WAS INJURED (swelling, tenderness, acute pain, non-WB)				

Treatment Info.

Physician/Health Care Provider Name <b>DR. SCOTT McClelland</b>		Telephone Number <b>(318) 327-8194</b>	Fax Number <b>( ) ( )</b>	Initial Treatment Date <b>4/27/01</b>
Street Address <b>P.O. Box 4047, 3510 Medical Park Drive</b>		City <b>Monroe</b>	State <b>LA</b>	5-digit ZIP Code <b>71211-4047</b>
Diagnosis(es) Include ICD-9 Code(s)				
Provider Signature		Is this injury causally related to the industrial incident? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
BWC Provider Number		CIB		

Employment Info.

Employer Name <b>RPC EMPLOYER SERVICES INC</b>		Policy Number <b>01201109000</b>	<input type="checkbox"/> Employer is Self-Insuring <input checked="" type="checkbox"/> Injured Worker is Owner/Partner/Member of Firm
Mailing Address (Number and Street, City or Town, State, and ZIP Code)		Country	
Location, if different from mailing address		Mailing Number	
Telephone Number ( ) ( )	Fax Number ( ) ( )	Federal ID number	
<input checked="" type="checkbox"/> <b>CERTIFICATION</b> - The employer certifies that the facts in this application are correct and valid.		<input type="checkbox"/> <b>REJECTION</b> - The employer rejects the validity of this claim for the following reason(s) below:	
		<input type="checkbox"/> <b>CLARIFICATION</b> - The employer clarifies and allows the claim for the condition(s) below:	
Employer Signature and Title		Date	OSHA Case Number

□□□ PICA

## CARRIER-

MEDICARE		MEDICAID		CHAMPUS		CHAMPVA		GROUP HEALTH PLAN (SSN or ID)		FECA BLK LUNG (SSN)		OTHER (ID)		PICA													
1. (Medicare #)		1. (Medicaid #)		1. (Sponsor's SSN)		1. (VA File #)		1. (SSN or ID)		1. (SSN)		1. (ID)		1. (PICA #)													
2. PATIENT'S NAME (Last Name, First Name, Middle Initial)										3. PATIENT'S BIRTH DATE MM DD YY			SEX M <input type="checkbox"/> F <input type="checkbox"/>		4. INSURED'S NAME (Last Name, First Name, Middle Initial)												
5. PATIENT'S ADDRESS (No., Street)										6. PATIENT RELATIONSHIP TO INSURED Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>			7. INSURED'S ADDRESS (No., Street)														
CITY										STATE			CITY			STATE											
ZIP CODE				TELEPHONE (Include Area Code)						8. PATIENT STATUS Single <input type="checkbox"/> Married <input type="checkbox"/> Other <input type="checkbox"/> Employed <input type="checkbox"/> Full-Time Student <input type="checkbox"/> Part-Time Student <input type="checkbox"/>			ZIP CODE			TELEPHONE (INCLUDE AREA CODE)											
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)										10. IS PATIENT'S CONDITION RELATED TO: a. EMPLOYMENT? (CURRENT OR PREVIOUS) <input type="checkbox"/> YES <input type="checkbox"/> NO b. AUTO ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO c. OTHER ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO 10d. RESERVED FOR LOCAL USE			11. INSURED'S POLICY GROUP OR FECA NUMBER														
a. OTHER INSURED'S POLICY OR GROUP NUMBER										a. INSURED'S DATE OF BIRTH MM DD YY			SEX M <input type="checkbox"/> F <input type="checkbox"/>			b. EMPLOYER'S NAME OR SCHOOL NAME											
b. OTHER INSURED'S DATE OF BIRTH MM DD YY										SEX M <input type="checkbox"/> F <input type="checkbox"/>			c. INSURANCE PLAN NAME OR PROGRAM NAME			d. IS THERE ANOTHER HEALTH BENEFIT PLAN? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, return to and complete item 9 a-d.											
c. EMPLOYER'S NAME OR SCHOOL NAME										12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.			13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.			14. DATE OF CURRENT ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY (LMP) MM DD YY											
d. INSURANCE PLAN NAME OR PROGRAM NAME										15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS. GIVE FIRST DATE MM DD YY			16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY			17. NAME OF REFERRING PHYSICIAN OR OTHER SOURCE											
19. RESERVED FOR LOCAL USE										17a. I.D. NUMBER OF REFERRING PHYSICIAN			18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY			20. OUTSIDE LAB? \$ CHARGES <input type="checkbox"/> YES <input type="checkbox"/> NO											
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. (RELATE ITEMS 1,2,3 OR 4 TO ITEM 24E BY LINE)										22. MEDICAID RESUBMISSION CODE			23. PRIOR AUTHORIZATION NUMBER			24. A DATE(S) OF SERVICE From To B Place of Service C Type of Service D PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER E DIAGNOSIS CODE											
1. 3. 2. 4.										F \$ CHARGES			G DAYS OR UNITS			H EPSDT Family Plan			I EMG			J COB			K RESERVED FOR LOCAL USE		
25. FEDERAL TAX I.D. NUMBER										26. PATIENT'S ACCOUNT NO.			27. ACCEPT ASSIGNMENT? (For govt. claims, see back) <input type="checkbox"/> YES <input type="checkbox"/> NO			28. TOTAL CHARGE \$			29. AMOUNT PAID \$			30. BALANCE DUE \$					
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)										32. NAME AND ADDRESS OF FACILITY WHERE SERVICES WERE RENDERED (If other than home or office)			33. PHYSICIAN'S, SUPPLIER'S BILLING NAME, ADDRESS, ZIP CODE & PHONE #			PIN#			GRP#								
SIGNED										DATE																	

PATIENT AND INSURED INFORMATION	
1. Name of Patient	2. Name of Insured
3. Address	4. City
5. State	6. Zip
7. Date of Birth	8. Sex
9. Date of Admission	10. Date of Discharge
11. Date of Death	12. Date of Transfer
13. Date of Referral	14. Date of Referral
15. Date of Referral	16. Date of Referral
17. Date of Referral	18. Date of Referral
19. Date of Referral	20. Date of Referral
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23. Date of Referral	24. Date of Referral
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35. Date of Referral	36. Date of Referral
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89. Date of Referral	90. Date of Referral
91. Date of Referral	92. Date of Referral
93. Date of Referral	94. Date of Referral
95. Date of Referral	96. Date of Referral
97. Date of Referral	98. Date of Referral
99. Date of Referral	100. Date of Referral

PHYSICIAN OR SUBPILIB INFORMATION



**BECAUSE THIS FORM IS USED BY VARIOUS GOVERNMENT AND PRIVATE HEALTH PROGRAMS, SEE SEPARATE INSTRUCTIONS ISSUED BY APPLICABLE PROGRAMS.**

**REFERS TO GOVERNMENT PROGRAMS ONLY**

**MEDICARE AND CHAMPUS PAYMENTS:** A patient's signature requests that payment be made and authorizes release of any information necessary to process the claim and certifies that the information provided in Blocks 1 through 12 is true, accurate and complete. In the case of a Medicare claim, the patient's signature authorizes any entity to release to Medicare medical and nonmedical information, including employment status, and whether the person has employer group health insurance, liability, no-fault, workers' compensation or other insurance which is responsible to pay for the services for which the Medicare claim is made. See 42 CFR 411.24(a). If item 9 is completed, the patient's signature authorizes release of the information to the health plan or agency shown. In Medicare assigned or CHAMPUS participation cases, the physician agrees to accept the charge determination of the Medicare carrier or CHAMPUS fiscal intermediary as the full charge, and the patient is responsible only for the deductible, coinsurance and noncovered services. Coinsurance and the deductible are based upon the charge determination of the Medicare carrier or CHAMPUS fiscal intermediary if this is less than the charge submitted. CHAMPUS is not a health insurance program but makes payment for health benefits provided through certain affiliations with the Uniformed Services. Information on the patient's sponsor should be provided in those items captioned in "insured"; i.e., items 1a, 4, 6, 7, 9, and 11.

**BLACK LUNG, FECA AND EEOICPA CLAIMS**

The provider agrees to accept the amount paid by the Government as payment in full. See Black Lung, FECA and EEOICPA instructions regarding required procedure and diagnosis coding systems.

**SIGNATURE OF PHYSICIAN OR SUPPLIER (MEDICARE, CHAMPUS, FECA, BLACK LUNG AND EEOICPA)**

I certify that the services shown on this form were medically indicated and necessary for the health of the patient and were personally furnished by me or were furnished incident to my professional services by my employee under my immediate personal supervision, except as otherwise expressly permitted by Medicare or CHAMPUS regulations. For services to be considered as "incident" to a physician's professional service, 1) they must be rendered under the physician's immediate personal supervision by his/her employee, 2) they must be an integral, although incidental, part of a covered physician's service, 3) they must be of kinds commonly furnished in physician's offices, and 4) the services of non-physicians must be included on the bills.

For CHAMPUS claims, I further certify that I (or any employee) who rendered services am not an active duty member of the Uniformed Services or a civilian employee of the United States Government or a contract employee of the United States Government, either civilian or military (refer to 5 USC 5536). For Black Lung claims, I further certify that the services performed were for a Black Lung-related disorder.

No Part B Medicare benefits may be paid unless this form is received as required by existing law and regulations (42 CFR 424.32).

**NOTICE TO PATIENT ABOUT THE COLLECTION AND USE OF MEDICARE, CHAMPUS, FECA, BLACK LUNG AND EEOICPA INFORMATION (PRIVACY ACT STATEMENT)**

We are authorized by CMS, CHAMPUS and OWCP to ask you for information needed in the administration of the Medicare, CHAMPUS, FECA, Black Lung and EEOICPA programs. Authority to collect information is in sections 205(a), 1862, 1872 and 1874 of the Social Security Act, as amended, 42 CFR 411.24(a) and 424.5(a)(6), and 44 USC 3101; 41 CFR 101 et seq. and 10 USC 1079 and 1086; 5 USC 8101 et seq.; 30 USC 901 et seq.; 38 USC 613; E.O. 9397; and 42 USC 7384d, 20 CFR 30.11 and E.O. 13179. The information we obtain to complete claims under these programs is used to identify you and to determine your eligibility. It is also used to decide if the services and supplies you received are covered by these programs and to insure that proper payment is made.

The information may also be given to other providers of services, carriers, intermediaries, medical review boards, health plans, and other organizations or Federal agencies, for the effective administration of Federal provisions that require other third party payers to pay primary to Federal programs, and as otherwise necessary to administer these programs. For example, it may be necessary to disclose information about the benefits you have used to a hospital or doctor. Additional disclosures are made through routine uses for information contained in systems of records.

**FOR MEDICARE CLAIMS:** See the notice modifying system No. 09-70-0501, titled "Carrier Medicare Claims Record," published in the Federal Register, Vol. 55 No. 177, page 37549, Wed. Sept. 12, 1990, or as updated and republished.

**FOR OWCP CLAIMS:** Department of Labor systems DOL/GOVT-1, DOL/ESA-5, DOL/ESA-6, DOL/ESA-29, DOL/ESA-30, DOL/ESA-43, DOL/ESA-44, DOL/ESA-49 and DOL/ESA-50 published in the Federal Register, Vol. 67, page 16816, Mon. April 8, 2002, or as updated and republished.

**FOR CHAMPUS CLAIMS: PRINCIPLE PURPOSE(S):** To evaluate eligibility for medical care provided by civilian sources and to issue payment upon establishment of eligibility and determination that the services/supplies received are authorized by law.

**ROUTINE USE(S):** Information from claims and related documents may be given to the Departments of Veterans Affairs, Health and Human Services and/or Transportation consistent with their statutory administrative responsibilities under CHAMPUS/CHAMPVA; to the Dept. of Justice for representation of the Secretary of Defense in civil actions; to the Internal Revenue Service, private collection agencies, and consumer reporting agencies in connection with recoupment to other federal, state, local, foreign government agencies, private business entities, and individual providers of care, on matters relating to entitlement, claims adjudication, fraud, program abuse, utilization review, quality assurance, peer review, program integrity, third party liability, coordination of benefits, and civil and criminal litigation related to the operation of CHAMPUS.

**DISCLOSURES:** Voluntary; however, failure to provide information will result in delay in payment or may result in denial of claim. With the one exception discussed below, there are no penalties under these programs for refusing to supply information. However, failure to furnish information regarding the medical services received or the amount charged would prevent payment of claims under these programs. Failure to furnish any other information, such as name or claim number, would delay payment of the claim. Failure to provide medical information under FECA could be deemed an obstruction.

It is mandatory that you tell us if you know that another party is responsible for paying for your treatment. Section 1128B of the Social Security Act and 31 USC 3801-3812 provide penalties for withholding this information.

You should be aware that P.L. 100-503, the "Computer Matching and Privacy Protection Act of 1988," permits the government to verify information by way of computer matches.

**MEDICAID PAYMENTS (PROVIDER CERTIFICATION)**

I hereby agree to keep such records as are necessary to disclose fully the extent of services provided to individuals under the State's Title XIX plan and to furnish information regarding any payments claimed for providing such services as the State Agency or Dept. of Health and Human Services may request.

I further agree to accept, as payment in full, the amount paid by the Medicaid program for those claims submitted for payment under that program, with the exception of authorized deductible, coinsurance, co-payment or similar cost-sharing charge.

**SIGNATURE OF PHYSICIAN (OR SUPPLIER):** I certify that the services listed above were medically indicated and necessary to the health of this patient and were personally furnished by me or my employee under my personal direction.

**NOTICE:** This is to certify that the foregoing information is true, accurate and complete. I understand that payment and satisfaction of this claim will be from Federal and State funds, and that any false claims, statements or documents, or concealment of a material fact, may be prosecuted under applicable Federal or State law.



**Instructions for Completing OWCP-1500 Health Insurance Claim Form For Medical Services Provided Under the FEDERAL EMPLOYEES' COMPENSATION ACT (FECA), the BLACK LUNG BENEFITS ACT (BLBA), and the ENERGY EMPLOYEES OCCUPATIONAL ILLNESS COMPENSATION PROGRAM ACT of 2000 (EEOICPA)**

**GENERAL INFORMATION—FECA AND EEOICPA CLAIMANTS:** Claims filed under FECA (5 USC 8101 et seq.) are for employment-related illness or injury. Claims filed under EEOICPA (42 USC 7384 et seq.) are for occupational illnesses defined under that Act. All services, appliances, and supplies prescribed or recommended by a qualified physician, which the Secretary of Labor considers likely to give relief, reduce the degree or period of the disability or occupational illness, or aid in lessening the amount of the monthly compensation, may be furnished. "Physician" includes all Doctors of Medicine (M.D.), podiatrists, dentists, clinical psychologists, optometrists, chiropractors, or osteopathic practitioners within the scope of their practice as defined by State law. However, the term "physician" includes chiropractors only to the extent that their reimbursable services are limited to treatment consisting of manual manipulation of the spine to correct a subluxation as demonstrated by x-ray to exist.

**FEES:** The Department of Labor's Office of Workers' Compensation Programs (OWCP) is responsible for payment of all reasonable charges stemming from covered medical services provided to claimants eligible under FECA and EEOICPA. OWCP uses a relative value scale fee schedule and other tests to determine reasonableness. Schedule limitations are applied through an automated billing system that is based on the identification of procedures as defined in the AMA's Current Procedural Terminology (CPT); correct CPT code and modifier(s) is required. Incorrect coding will result in inappropriate payment. For specific information about schedule limits, call the Dept. of Labor's Federal Employees' Compensation office or Energy Employees Occupational Illness Compensation office that services your area.

**REPORTS:** A medical report that indicates the dates of treatment, diagnosis(es), findings, and type of treatment offered is required for services provided by a physician (as defined above). For FECA claimants, the initial medical report should explain the relationship of the injury or illness to the employment. Test results and x-ray findings should accompany billings.

**GENERAL INFORMATION—BLBA CLAIMANTS:** The BLBA (30 USC 901 et seq.) provides medical services to eligible beneficiaries for diagnostic and therapeutic services for black lung disease as defined under the BLBA. For specific information about reimbursable services, call the Department of Labor's Black Lung office that services your facility or call the National Office in Washington, D.C.

**NOTICE TO PATIENT ABOUT THE COLLECTION AND USE OF INFORMATION**

OWCP is authorized (5 USC 8101 et seq.; 30 USC 901 et seq.; 42 USC 7384d) to collect information needed to administer FECA, BLBA and EEOICPA. The information collected is used to identify the eligibility of the claimant for benefits, and to determine coverage of services provided. There are no penalties for failure to supply information; however, failure to furnish information regarding the medical service(s) received or the amount charged will prevent payment of the claim. Failure to supply the claim number or CPT codes will delay payment or may result in rejection of the claim because of incomplete information.

**SIGNATURE OF PHYSICIAN OR SUPPLIER:** Your signature in Item 31 indicates your agreement to accept the charge determination of OWCP on covered services as payment in full, and indicates your agreement not to seek reimbursement from the patient of any amounts not paid by OWCP for covered services as the result of the application of its fee schedule or related tests for reasonableness (appeals are allowed). Your signature in Item 31 also indicates that the services shown on this form were medically indicated and necessary for the health of the patient and were personally rendered or were rendered incident to your direct order. Finally, your signature indicates that you understand that any false claims, statements or documents, or concealment of a material fact, may be prosecuted under applicable Federal or State laws.

**FORM SUBMISSION**

FECA: Send all forms for FECA to the DFEC Central Mailroom, P.O. Box 8300, London, KY 40742, unless otherwise instructed.

BLBA: Send all forms for BLBA to the Federal Black Lung Program, P.O. Box 828, Lanham-Seabrook, MD 20703-0828, unless otherwise instructed.

EEOICPA: Send all forms for EEOICPA to the Energy Employees Occupational Illness Compensation Program, P.O. Box 727, Lanham-Seabrook, MD 20703-0727, unless otherwise instructed.

**INSTRUCTIONS FOR COMPLETING THE FORM:** A brief description of each data element and its applicability to requirements under FECA, BLBA and EEOICPA are listed below. For further information contact OWCP.

- Item 1. Leave blank.
- Item 1a. Enter the patient's claim number.
- Item 2. Enter the patient's last name, first name, middle initial.
- Item 3. Enter the patient's date of birth (MM/DD/YY) and check appropriate box for patient's sex.
- Item 4. For FECA: leave blank. For BLBA and EEOICPA: complete only if patient is deceased and this medical cost was paid by a survivor or estate. Enter the name of the party to whom medical payment is due.
- Item 5. Enter the patient's address (street address, city, state, ZIP code; telephone number is optional).
- Item 6. Leave blank.
- Item 7. For FECA: leave blank. For BLBA and EEOICPA: complete if Item 4 was completed. Enter the address of the party to be paid.
- Item 8. Leave blank.
- Item 9. Leave blank.
- Item 10. Leave blank.
- Item 11. For FECA: enter patient's claim number. OMISSION WILL RESULT IN DELAYED BILL PROCESSING. For BLBA and EEOICPA: leave blank.
- Item 11a. Leave blank.
- Item 11b. Leave blank.
- Item 11c. Leave blank.
- Item 11d. Leave blank.
- Item 12. The signature of the patient or authorized representative authorizes release of the medical information necessary to process the claim, and requests payment. Signature is required; mark (X) must be co-signed by witness and relationship to patient indicated.
- Item 13. Signature indicates authorization for payment of benefits directly to the provider. Acceptance of this assignment is considered to be a contractual arrangement. The "authorizing person" may be the beneficiary (patient) eligible under the program billed, a person with a power of attorney, or a statement that the beneficiary's signature is on file with the billing provider.
- Item 14. Leave blank.
- Item 15. Leave blank.
- Item 16. Leave blank.
- Item 17. Leave blank.
- Item 18. Leave blank.
- Item 19. Leave blank.
- Item 20. Leave blank.

- Item 21. Enter the diagnosis(es) of the condition(s) being treated using current ICD codes. Enter codes in priority order (primary, secondary condition). Coding structure must follow the International Classification of Disease, 9th Edition, Clinical Modification or the latest revision published. A brief narrative may also be entered but not substituted for the ICD code.
- Item 22. Leave blank.
- Item 23. Leave blank.
- Item 24. Column A: enter month, day and year (MM/DD/YY) for each service/consultation provided. If the "from" and "to" dates represent a series of identical services, enter the number of services provided in Column G.  
 Column B: enter the correct CMS/OWCP standard "place of service" (POS) code (see below).  
 Column C: not required.  
 Column D: enter the proper five-digit CPT (current edition) code and modifier(s), the HCPCS, or the OWCP generic procedure code.  
 Column E: enter the diagnostic reference number (1, 2, 3 or 4 in Item 21) to relate the date of service and the procedure(s) performed to the appropriate ICD code, or enter the appropriate ICD code.  
 Column F: enter the total charge(s) for each listed service(s).  
 Column G: enter the number of services/units provided for period listed in Column A. Anesthesiologists enter time in total minutes, not units.  
 Column H: leave blank.  
 Column I: leave blank.  
 Column J: leave blank.  
 Column K: leave blank.
- Item 25: Enter the Federal tax I.D.
- Item 26: Provider may enter a patient account number that will appear on the remittance voucher.
- Item 27: Leave blank.
- Item 28: Enter the total charge for the listed services in Column F.
- Item 29: If any payment has been made, enter that amount here.
- Item 30: Enter the balance now due.
- Item 31: Sign and date the form. Signature stamp or "signature on file" is acceptable.
- Item 32: Enter complete name of hospital, facility or physician's office where services were rendered.
- Item 33: Enter (1) the name and address to which payment is to be made, and (2) your DOL provider number after "PIN #" if you are an individual provider, or after "GRP #" if you are a group provider. FAILURE TO ENTER THIS NUMBER WILL DELAY PAYMENT OR CAUSE A REJECTION OF THE BILL FOR INCOMPLETE/INACCURATE INFORMATION.

#### Public Burden Statement

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 1215-0055. We estimate that it will take an average of seven minutes to complete this collection of information, including time for reviewing instructions, abstracting information from the patient's records and entering the data onto the form. This time is based on familiarity with standardized coding structures and prior use of this common form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Workers' Compensation Programs, Department of Labor, Room S3522, 200 Constitution Avenue NW, Washington, DC 20210; and to the Office of Management and Budget, Paperwork Reduction Project (1215-0055), Washington, DC 20503. **DO NOT SEND THE COMPLETED FORM TO EITHER OF THESE OFFICES.**

#### Place of Service (POS) Codes for Item 24B

3	School	34	Hospice
4	Homeless Shelter	41	Ambulance – Land
5	Indian Health Service Free-Standing Facility	42	Ambulance – Air or Water
6	Indian Health Service Provider-Based Facility	50	Federally Qualified Health Center
7	Tribal 638 Free-Standing Facility	51	Inpatient Psychiatric Facility
8	Tribal 638 Provider-Based Facility	52	Psychiatric Facility Partial Hospitalization
11	Office	53	Community Mental Health Center (CMHC)
12	Patient Home	54	Intermediate Care Facility/Mentally Retarded
15	Mobile Unit	55	Residential Substance Abuse Treatment Facility
20	Urgent Care	56	Psychiatric Residential Treatment Center
21	Inpatient Hospital	60	Mass Immunization Center
22	Outpatient Hospital	61	Comprehensive Inpatient Rehabilitation Facility
23	Emergency Room – Hospital	62	Comprehensive Outpatient Rehabilitation Facility
24	Ambulatory Surgical Center	65	End Stage Renal Disease Treatment Facility
25	Birthing Center	71	State or Local Public Health Clinic
26	Military Treatment Facility	72	Rural Health Clinic
31	Skilled Nursing Facility	81	Independent Laboratory
32	Nursing Facility	99	Other Place of Service
33	Custodial Care Facility		

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Attorneys at Law

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Timothy C. Leventry, LL.M.\*  
John M. Haschak\*\*

Terry L. Graffius

Mary Beth Krause (Paralegal)

\*Legal Masters Degree in Taxation  
\*\*Registered Patent Attorney

February 6, 2003

Bernard C. Caputo, Esquire  
Fort Pitt Commons Building  
Suite 260  
445 Fort Pitt Boulevard  
Pittsburgh, PA 15219

**RE: National Indoor Football League v. RPC Employer Services, et al.**

Dear Attorney Caputo:

Enclosed please find herewith claim totals for each NIFL team which is further broken down by player, vendor, the amount due and the injury claimed. Also, included is a lost wage report for lost wages to date. The total unpaid claim for the 13 teams equals \$728,135.96. Please provide me as soon as possible with the name and phone number of your insurance adjuster. If I don't receive same voluntarily, I will proceed with a formal production request.

If you have any questions, please contact my office.

Very truly yours,

**FILE COPY**

Timothy C. Leventry, LL.M.  
Attorney at Law

TCL/jg  
Enclosure  
cc: Carolyn Shiver, President

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**EXHIBIT**

**D**

<u>TEAM</u>	<u>\$ AMOUNT</u>	<u>\$ W/ INTEREST</u>	<u>\$ PAID</u>
BILLINGS OUTLAW ✓	\$27,054.28	\$1,924.00	\$2,388.61
JOHNSTOWN J'DOGS	\$56,107.80	\$6,620.72	\$1,916.42
LA BAYOU BEAST	\$18,280.69	\$21,571.21	\$0.00
LA RANGERS	\$70,015.58	\$82,618.34	\$1,321.28
LAKE CHARLES LANDSHARKS ✓	\$30,546.03	\$36,044.31	\$5,000.00
MISSISSIPPI FIREDOGS	\$154,344.86	\$182,126.90	\$0.00
MOBILE SEAGULLS	\$40,213.18	\$47,451.46	\$936.41
RAPID CITY REDDOGS ✓	\$58,819.08	\$69,406.44	\$8,842.17
SIOUX CITY BANDITS ✓	\$60,719.46	\$71,648.94	\$3,872.57
SIOUX FALLS STORM ✓	\$13,155.91	\$15,523.87	\$2,663.70
SOUTHERN OREGON HEAT	\$8,904.71	\$10,507.55	\$0.00
TRI-CITY DIESEL ✓	\$111,795.63	\$131,918.79	\$2,859.34
WYOMING CALVARY ✓	\$43,028.39	\$50,773.43	\$2,000.00
<b>TOTALS</b>	<b>\$692,985.60</b>	<b>\$728,135.96</b>	<b>\$31,800.50</b>

EXHIBIT

tabbles

EMPLOYEE	INJURED DATE	DATE OF SERVICE	BILLING OUTLAWS VENDOR	AMOUNT	INJURY
DION ALEXANDER	05/18/2001	05/18/2001	ORTHOPEDIC ASSOCIATES PC	\$111.00	LF KNEE
KENT BOOS	05/11/2001	05/15/2001	ORTHOPEDIC ASSOCIATES PC	\$250.00	ELBOW/HYPEREXTENSION
KENT BOOS	07/05/2001	07/27/2001	ORTHOPEDIC ASSOCIATES PC	\$446.00	
KENT BOOS	07/05/2001	08/28/2001	ORTHOPEDIC ASSOCIATES PC	\$2.50	
JACQUAN BRACKENRIDGE	06/02/2001	06/05/2001	ORTHOPEDIC ASSOCIATES PC	\$152.00	JAMMED RT THUMB
EDWARD COLEMAN	06/08/2001	06/11/2001	ORTHOPEDIC ASSOCIATES PC	\$174.00	LF WRIST SPRAIN
MARK DEAN	03/17/2001	03/19/2001	ORTHOPEDIC ASSOCIATES PC	\$173.00	FRACTURE LF PINKY FINGER
DEREK GACKLE	04/14/2001	04/16/2001	ST VINCENT HEALTHCARE	\$35.00	ACL RUPTURE ON LF KNEE
DEREK GACKLE	04/14/2001	4/16, 5/3, 8/5/8	ORTHOPEDIC ASSOCIATES PC	\$740.00	
DEREK GACKLE	04/14/2001	04/16/2001	ST VINCENT HEALTHCARE	\$773.45	
DEREK GACKLE	04/14/2001	05/04/2001	ORTHOPEDIC ASSOCIATES PC	\$1,227.00	
DEREK GACKLE	04/14/2001	05/04/2001	ORTHOPEDIC ASSOCIATES PC	\$4,906.00	
DEREK GACKLE	04/14/2001	05/04/2001	ANESTH. PARTNERS OF MONTAN	\$798.00	
BRADLEY HALSTEN	06/15/2001	05/04/2001	ST VINCENT HEALTHCARE	\$11,619.45	
BRADLEY HALSTEN	06/15/2001	06/27/2001	ORTHOPEDIC ASSOCIATES PC	\$191.00	RT KNEE SEPTIC BURSTITIS
KENNETH HARRIS	03/21/2001	06/27/2001	ORTHOPEDIC ASSOCIATES PC	\$764.00	
ALVIN HILL	04/03/2001	03/22/2001	ORTHOPEDIC ASSOCIATES PC	\$194.00	LF HAND SPRAIN
ALVIN HILL	04/03/2001	04/04/2001	ORTHOPEDIC ASSOCIATES PC	\$84.00	LF THUMB SPRAIN
JOHNNY HORN	04/14/2001	04/16/2001	ORTHOPEDIC ASSOCIATES PC	\$132.00	
JOHNNY HORN	04/14/2001	07/17/2001	ORTHOPEDIC ASSOCIATES PC	\$5.00	LF KNEE MILD 2ND DEGREE MCL SPRAIN
JOHNNY HORN	04/14/2001	07/17/2001	ORTHOPEDIC ASSOCIATES PC	\$152.00	
FOREST HURLBERT	04/14/2001	04/14/2001	URAL METRO MEDICAL SERVICE	\$459.00	MILD CONCUSSION/CERVICAL SPRAIN
BRYAN MEIER	07/02/2001	07/03/2001	ORTHOPEDIC ASSOCIATES PC	\$188.00	RT HAND CONTUSION
BRYAN MEIER	07/02/2001	07/03/2001	ORTHOPEDIC ASSOCIATES PC	\$237.00	
CODY NAFTS	05/11/2001	04/30/2001	ORTHOPEDIC ASSOCIATES PC	\$165.00	RT KNEE 2ND DEGREE MCL
CODY NAFTS	05/11/2001	5/14, 5/30 & 5/31	ORTHOPEDIC ASSOCIATES PC	\$342.00	
MITCHELL NEUMILLER	03/20/2001	03/21/2001	ORTHOPEDIC ASSOCIATES PC	\$144.00	RT THUMB DISLOCATION
MITCHELL NEUMILLER	03/20/2001	03/28/2001	ORTHOPEDIC ASSOCIATES PC	\$173.00	
TED REITER	06/02/2001	06/08/2001	ORTHOPEDIC ASSOCIATES PC	\$266.00	RT F.LBOW CONTUSION
TED REITER	06/02/2001	06/08/2001	EASTERN RADIOLOGY ASSOC	\$42.00	
TED REITER	07/05/2001	08/30/2001	ORTHOPEDIC ASSOCIATES PC	\$203.00	
CHRIS SPOJA	05/05/2001	05/09/2001	ORTHOPEDIC ASSOCIATES PC	\$111.00	SPRAIN NECK
CHRIS SPOJA	06/21/2001	06/21/2001	PROV YAKIMA MED CTR ER	\$158.29	CONTUSIONS/ABRASIONS LF FLANK
CHRIS SPOJA	06/21/2001	06/21/2001	PROV YAKIMA MED CTR ER	\$454.59	
JOSHUA WALLWORK	07/05/2001	07/05/2001	ORTHOPEDIC ASSOCIATES PC	\$311.00	RT ANKLE SPRAIN
MARKIVUS WOODS	07/02/2001	07/02/2001	ORTHOPEDIC ASSOCIATES PC	\$479.00	RT KNEE MED COLL. LIG. SPRAIN



## BILLING OUTLAWS

ORTHOPEDIC ASSOCIATES PC	✓	\$111.00		
DION ALEXANDER	✓	\$698.50		
KENT BOOS	✓	\$152.00		
JACUWAN BRACKENRIDGE		\$174.00		
EDWARD COLEMAN		\$173.00		
MARK DEAN		\$6,873.00		
DEREK GACKLE	✓	\$955.00		
BRADLEY HALSTEN		\$194.00		
KENNETH HARRIS		\$216.00		
ALVIN HILL		\$470.00		
JOHNNY HORN		\$425.00		
BRYAN MEIER		\$507.00		
CODY NAFTS		\$317.00		
MITCHELL NEUMILLER		\$469.00		
TED REITER		\$190.00		
CHRIS SPOJA		\$311.00		
JOSHUA WALLWORK		\$479.00		
MARKKEVIUS WOODS			TOTAL	\$12,714.50
ST VINCENT HEALTHCARE				
DEREK GACKLE		\$12,427.90	TOTAL	\$12,427.90
ANESTHESIA PARTNERS OF MONTANA				
DEREK GACKLE		\$798.00	TOTAL	\$798.00
RURAL METRO MEDICAL SERVICE				
FOREST HURLBERT		\$459.00	TOTAL	\$459.00
PROV YAKIMA MED CTR ER				
CHRIS SPOJA		\$612.88	TOTAL	\$612.88
EASTERN RADIOLOGY ASSOCIATES				
TED REITER		\$42.00	TOTAL	\$42.00
GRAND TOTAL				\$27,054.28

EMPLOYEE	INJURED DATE	DATE OF SERVIC	JOHNSTOWN J'DOGS VENDOR	\$ AMOUNT	INJURY
JUSTIN BIVINS	<del>4-23-01</del> 06/09/2001	04/27/2001	WPA SPORTS MEDICINE RIC	\$290.00	RT KNEE CONTUSION
JUSTIN BIVINS	06/09/2001	06/11/2001	WPA SPORTS MEDICINE RIC	\$205.00	
JUSTIN BIVINS	06/09/2001	06/12/2001	WPA SPORTS MEDICINE RIC	\$220.00	
JODY CANTU	06/16/2001	07/09/2001	WPA SPORTS MEDICINE RIC	\$60.00	LF KNEE MEDIAL POSTERIOR
JODY CANTU	06/16/2001	6/20 - 6/21	WPA SPORTS MEDICINE RIC	\$265.00	SPRAIN
JODY CANTU	06/16/2001	06/26/2001	WPA SPORTS MEDICINE RIC	\$70.00	
JODY CANTU	06/16/2001	06/27/2001	WPA SPORTS MEDICINE RIC	\$140.00	
JODY CANTU	06/16/2001	7/3 - 7/6	WPA SPORTS MEDICINE RIC	\$210.00	
JERMAINE CARSWEL	05/25/2001	06/04/2001	WPA SPORTS MEDICINE RIC	\$210.00	LF KNEE CONTUSION SPRAIN
JERMAINE CARSWEL	04/28/2001	04/30/2001	WPA SPORTS MEDICINE RIC	\$195.00	
JERMAINE CARSWEL	04/28/2001	5/1 - 5/3	WPA SPORTS MEDICINE RIC	\$210.00	
JERMAINE CARSWEL	04/28/2001	5/30 - 6/1	WPA SPORTS MEDICINE RIC	\$335.00	
JERMAINE CARSWEL	04/28/2001	06/01/2001	WPA SPORTS MEDICINE RIC	\$105.00	
LAMONTE COLEMAN	04/21/2001	04/27/2001	WPA SPORTS MEDICINE RIC	\$240.00	RT SHOULDER STRAIN
LAMONTE COLEMAN	04/21/2001	05/10/2001	WPA SPORTS MEDICINE RIC	\$80.00	
MICHAEL ELWOOD	05/25/2001	05/29/2001	DON A LOWRY, MD UPMC LEE REGIONAL	\$210.00	LF KNEE LATERAL COLLATERAL
MICHAEL ELWOOD	05/29/2001	05/29/2001	WALNUT RADIOLOGY ASSOC., INC	\$989.00	LIGAMENT & ANTERIOR CRUCIATE
MICHAEL ELWOOD	05/29/2001	06/07/2001	WPA SPORTS MEDICINE RIC	\$128.05	LIGAMENT TEAR
MICHAEL ELWOOD	05/25/2001	07/02/2001	DJ ORTHOPEDICS	\$150.00	
MICHAEL ELWOOD	05/25/2001	07/03/2001	DON A LOWRY, MD	\$1,082.60	
MICHAEL ELWOOD	05/25/2001		UPMC HEALTH SYSTEM	\$60.00	
MICHAEL ELWOOD	05/25/2001	08/23/2001	BURKE & BRADLEY OTHROPEIDCS	\$1,147.00	
BRIAN GIACHETTI	05/05/2001	05/10/2001	WPA SPORTS MEDICINE RIC	\$120.00	LF LOWER LUMBAR MUSCULAR
BRIAN GIACHETTI	05/05/2001	06/12/2001	WPA SPORTS MEDICINE RIC	\$335.00	
BRIAN GIACHETTI	05/05/2001	06/12/2001	WPA SPORTS MEDICINE RIC	\$110.00	STRAIN
BRIAN GIACHETTI	05/05/2001	06/12/2001	J MICHAEL MOSES, MD	\$159.00	
TODD MCGOUGH	04/18/2001	4/20 - 4/23	WPA SPORTS MEDICINE RIC	\$300.00	KNEE ACL TEAR
TODD MCGOUGH	04/18/2001	4/24 - 4/25	WPA SPORTS MEDICINE RIC	\$210.00	
TODD MCGOUGH	04/19/2001	04/27/2001	WALNUT RADIOLOGY ASSOC., INC	\$75.40	
TODD MCGOUGH	04/19/2001	04/27/2001	DON A LOWRY, MD	\$70.00	
TODD MCGOUGH	04/19/2001	4/27 - 4/30	WPA SPORTS MEDICINE RIC	\$140.00	
TODD MCGOUGH	04/19/2001	04/27/2001	UPMC LEE REGIONAL	\$989.00	
TODD MCGOUGH	04/19/2001	5/1 - 5/4	WPA SPORTS MEDICINE RIC	\$215.00	
TODD MCGOUGH	04/19/2001	5/7 - 5/9	WPA SPORTS MEDICINE RIC	\$940.00	
TODD MCGOUGH	04/19/2001	5/11 - 5/14	WPA SPORTS MEDICINE RIC	\$280.00	
TODD MCGOUGH	04/19/2001	5/18 - 5/21	WPA SPORTS MEDICINE RIC	\$170.00	
MICHAEL MARSHALL	06/09/2001	05/14/2001	WPA SPORTS MEDICINE RIC	\$150.00	LF RING FINGER SPRAIN
FARAJI MASON	06/02/2001	6/8 - 6/11	WPA SPORTS MEDICINE RIC	\$405.00	LF ANKLE SPRAIN
FARAJI MASON	06/02/2001	06/13/2001	WPA SPORTS MEDICINE RIC	\$200.00	

EMPLOYEE	INJURED DATE	DATE OF SERVIC	VENDOR	\$ AMOUNT	INJURY
FARAJI MASON	06/02/2001	06/27/2001	WPA SPORTS MEDICINE RIC	\$35.00	
FARAJI MASON	07/06/2001	07/09/2001	WPA SPORTS MEDICINE RIC	\$195.00	RT SHOULDER
CHRIS GICKING	06/30/2001	07/03/2001	VINCENT E VENA, MD	\$210.00	LF THUMB ULNAR COLLATERAL
CHRIS GICKING	06/30/2001	07/16/2001	PENNSYLVANIA HAND CENTER	\$206.00	LIGAMENT INJURY W/ STENERS
CHRIS GICKING	06/30/2001	07/16/2001	PENNSYLVANIA HAND CENTER	\$193.00	LESION
CHRIS GICKING	06/30/2001	07/24/2001	PENNSYLVANIA HAND CENTER	\$50.00	
CHRIS GICKING	06/30/2001	07/24/2001	PENNSYLVANIA HAND CENTER	\$440.00	
CHRIS GICKING	06/30/2001	08/09/2001	PENNSYLVANIA HAND CENTER	\$1,240.00	
CHRIS GICKING	06/30/2001	08/13/2001	PENNSYLVANIA HAND CENTER	\$113.00	
CHRIS GICKING	06/30/2001	08/24/2001	PENNSYLVANIA HAND CENTER	\$353.00	
CHRIS GICKING	06/30/2001	08/24/2001	PENNSYLVANIA HAND CENTER	\$50.00	
CHRIS GICKING	06/30/2001	08/27/2001	PENNSYLVANIA HAND CENTER	\$112.25	
CHRIS GICKING	06/30/2001	08/30/2001	PENNSYLVANIA HAND CENTER	\$128.00	
CHRIS GICKING	06/30/2001	09/06/2001	PENNSYLVANIA HAND CENTER	\$161.00	
CHRIS GICKING	06/30/2001	09/13/2001	PENNSYLVANIA HAND CENTER	\$128.00	
CHRIS GICKING	06/30/2001	09/18/2001	PENNSYLVANIA HAND CENTER	\$169.00	
CHRIS GICKING	06/30/2001	09/20/2001	PENNSYLVANIA HAND CENTER	\$95.00	
CHRIS GICKING	06/30/2001	09/27/2001	PENNSYLVANIA HAND CENTER	\$168.00	
CHRIS GICKING	06/30/2001	10/01/2001	PENNSYLVANIA HAND CENTER	\$241.00	
CHRIS GICKING	06/30/2001	10/4 & 10/8	PENNSYLVANIA HAND CENTER	\$201.00	
CHRIS GICKING	06/30/2001	10/08/2001	PENNSYLVANIA HAND CENTER	\$190.00	
DENNIS MORRIS	05/05/2001	05/09/2001	WPA SPORTS MEDICINE RIC	\$265.00	LF ANKLE SPRAIN
DENNIS MORRIS	05/05/2001	05/10/2001	WPA SPORTS MEDICINE RIC	\$140.00	
QUENTEEEN ROBINSO	04/14/2001	04/18/2001	WPA SPORTS MEDICINE RIC	\$230.00	LF ANKLE JOINT EFFUSION 5/5
QUENTEEEN ROBINSO	04/14/2001	04/19/2001	WPA SPORTS MEDICINE RIC	\$105.00	
QUENTEEEN ROBINSO	05/05/2001	05/07/2001	IAN KATZ, MD	\$240.00	
QUENTEEEN ROBINSO	05/05/2001	5/7 - 5/10	WPA SPORTS MEDICINE RIC	\$455.00	
QUENTEEEN ROBINSO	04/14/2001	05/10/2001	WALNUT RADIOLOGY ASSOC., INC	\$128.05	4/14 CONTUSION OF BACK
QUENTEEEN ROBINSO	04/14/2001	05/10/2001	UPMC LEE REGIONAL	\$989.00	
QUENTEEEN ROBINSO	04/28/2001	05/14/2001	WPA SPORTS MEDICINE RIC	\$565.00	
QUENTEEEN ROBINSO	05/05/2001	05/17/2001	IAN KATZ, MD	\$40.00	
QUENTEEEN ROBINSO	05/05/2001	05/22/2001	IAN KATZ, MD	\$40.00	
QUENTEEEN ROBINSO	5/5/2001	06/11/2001	IAN KATZ, MD	\$40.00	
QUENTEEEN ROBINSO	5/5/2001	09/13/2001	LRCC ANESTHESIA	\$675.00	
QUENTEEEN ROBINSO	5/5/2001	09/13/2001	UPMC LEE REGIONAL	\$5,503.10	
QUENTEEEN ROBINSO	5/5/2001	09/13/2001	UPMC LEE REGIONAL	\$186.00	
QUENTEEEN ROBINSO	5/5/2001	09/14/2001	WPA SPORTS MEDICINE RIC	\$125.00	
QUENTEEEN ROBINSO	5/5/2001	05/19/2001	WPA SPORTS MEDICINE RIC	\$120.00	
JOHN SCHMITT	03/30/2001	07/26/2001	ASSOCIATION OF SPECIALTY PHYS	\$3,581.00	3/30 LF CALF STRAIN

EMPLOYEE	INJURED DATE	DATE OF SERVICE	VENDOR	\$ AMOUNT	INJURY
JOHN SCHMITT	03/30/2001	04/18/2001	DON A LOWRY, MD	\$90.00	
JOHN SCHMITT	05/05/2001	05/05/2001	UPMC LEE REGIONAL	\$269.00	5/5 RT KNEE DISLOCATION
JOHN SCHMITT	05/05/2001	05/05/2001	UPMC LEE REGIONAL	\$524.00	
JOHN SCHMITT	05/05/2001	05/05/2001	SEENTH WARD AMB SER	\$350.00	
JOHN SCHMITT	05/05/2001	05/21/2001	BRIGHTON RADIOLOGY ASSOC	\$140.00	
JOHN SCHMITT	05/05/2001	05/21/2001	ELWOOD CITY MSP	\$800.00	
JOHN SCHMITT	05/05/2001	06/20/2001	UNION ORTHOTICS & PROSTHETICS	\$680.00	
JOHN SCHMITT	05/05/2001	6/21 - 6/27	THE MEDICAL CENTER	\$13,403.25	
JOHN SCHMITT	05/05/2001	09/10/2001	CENTERS FOR REHAB SERVICES	\$99.75	
JOHN SCHMITT	05/05/2001	08/22/2001	CENTERS FOR REHAB SERVICES	\$214.88	
JOHN SCHMITT	05/05/2001	07/05/2001	CENTERS FOR REHAB SERVICES	\$478.39	
JOHN SCHMITT	05/05/2001	06/20/2001	BEAVER ANESTHESIA ASSOCIATES	\$750.00	
CADELL SEAGRIVES	06/07/2001	06/08/2001	J MICHAEL MOSES, MD	\$136.00	RT TOE ACUTE TRAUMATIC
CADELL SEAGRIVES	06/16/2001	6/18 - 6/21	WPA SPORTS MEDICINE RIC	\$445.00	SYNOVITIS OF MP JOINT
CADELL SEAGRIVES	06/16/2001	06/28/2001	WPA SPORTS MEDICINE RIC	\$165.00	
CADELL SEAGRIVES	06/16/2001	7/3 - 7/5	WPA SPORTS MEDICINE RIC	\$320.00	
CADELL SEAGRIVES	06/16/2001	7/16 - 7/19	WPA SPORTS MEDICINE RIC	\$505.00	
CADELL SEAGRIVES	06/16/2001	7/23 - 7/25	WPA SPORTS MEDICINE RIC	\$160.00	6/16 RT ANKLE 1 ST DEGREE SPRAIN
CADELL SEAGRIVES	06/16/2001	07/26/2001	WPA SPORTS MEDICINE RIC	\$80.00	
CADELL SEAGRIVES	06/16/2001	07/06/2001	WHEELING HOSPITAL	\$161.75	
DANTE WILEY	03/26/2001	03/27/2001	WPA SPORTS MEDICINE RIC	\$250.00	GRADE 2 LF ANKLE SPRAIN
DANTE WILEY	03/26/2001	03/27/2001	EBI, L.P.	\$259.00	
DANTE WILEY	03/26/2001	03/27/2001	IAN KATZ, MD	\$90.00	
DANTE WILEY	03/26/2001	04/05/2001	EBI, L.P.	\$74.00	
DANTE WILEY	03/26/2001	04/05/2001	IAN KATZ, MD	\$60.00	
JACKIE WOMACK	05/25/2001	05/31/2001	WPA SPORTS MEDICINE RIC	\$310.00	LF HAMSTRING STRAIN
JACKIE WOMACK	06/09/2001	06/11/2001	WPA SPORTS MEDICINE RIC	\$230.00	
JACKIE WOMACK	06/09/2001	06/11/2001	IAN KATZ, MD	\$150.00	
JACKIE WOMACK	06/09/2001	6/12 - 6/14	WPA SPORTS MEDICINE RIC	\$435.00	
CHARLES WYATT	04/14/2001	05/29/2001	DON A LOWRY, MD	\$120.00	4/14 LF LATERAL SHOULDER
CHARLES WYATT	06/05/2001	06/10/2001	WALNUT RADIOLOGY ASSOC., INC	\$18.15	CONTUSION
CHARLES WYATT	06/09/2001	06/11/2001	IAN KATZ, MD	\$90.00	5/9 SMALL DORSAL CHIP AT THE
CHARLES WYATT	04/14/2001	04/17/2001	WPA SPORTS MEDICINE RIC	\$125.00	HIP JOINT, RT 5TH DIGIT
CHARLES WYATT	06/09/2001	07/10/2001	WPA SPORTS MEDICINE RIC	\$195.00	7/6 LF KNEE CONTUSION
CHARLES WYATT	06/09/2001	06/10/2001	UPMC LEE REGIONAL	\$302.00	
CHARLES WYATT	06/09/2001	06/10/2001	UPMC LEE REGIONAL	\$229.00	
CHARLES WYATT	07/06/2001	07/12/2001	WPA SPORTS MEDICINE RIC	\$70.00	
CHARLES WYATT	07/06/2001	07/16/2001	WPA SPORTS MEDICINE RIC	\$70.00	
CHARLES WYATT	07/06/2001	07/16/2001	IAN KATZ, MD	\$145.00	
TODD ZABORAC	04/11/2001	4/20 - 4/23	WPA SPORTS MEDICINE RIC	\$360.00	4/11 GROIN GRADE 1 ABDUCTOR

EMPLOYEE	INJURED DATE	DATE OF SERVICE	VENDOR	\$ AMOUNT	INJURY
TODD ZABORAC	04/11/2001	4/24 - 4/25	WPA SPORTS MEDICINE RIC	\$400.00	STRAIN
TODD ZABORAC	04/11/2001	4/26 - 4/27	WPA SPORTS MEDICINE RIC	\$330.00	5/25 LF KNEE SPRAIN
TODD ZABORAC	05/25/2001	5/30 - 6/1	ORTHOPEDIC SURGICAL SPECIALIST	\$196.00	
TODD ZABORAC	05/25/2001	5/31/2001	TERRY TYLER, MD	\$1,137.18	
TODD ZABORAC	05/25/2001	6/6 - 6/11	WPA SPORTS MEDICINE RIC	\$300.00	
TODD ZABORAC	06/16/2001	6/18 - 6/21	WPA SPORTS MEDICINE RIC	\$365.00	6/16 LF KNEE REINJURED
TODD ZABORAC	06/16/2001	6/25 - 6/26	WPA SPORTS MEDICINE RIC	\$120.00	
TODD ZABORAC	06/16/2001	06/28/2001	WPA SPORTS MEDICINE RIC	\$60.00	
TODD ZABORAC	07/06/2001	07/18/2001	RICHARD D SCHROEDER, MD	\$130.00	
			<b>TOTALS</b>	<b>\$56,107.80</b>	



WPA SPORTS MEDICINE RIC	JUSTIN BIVINS	\$715.00		
JODY CANTU		\$745.00		
JAEARMAINE CARSWELL		\$1,055.00		
LAMONTE COLEMAN		\$320.00		
MICHAEL ELWOOD		\$150.00		
BRIAN GIACHETTI		\$445.00		
TODD MCGOUGH		\$2,255.00		
MICHAEL MARSHALL		\$150.00		
FARAJI MASON		\$835.00		
DENNIS MORRIS		\$405.00		
QUENTEEEN ROBINSON		\$1,600.00		
CADELL SEAGRAVES		\$1,675.00		
DANTE WILEY		\$250.00		
JACKIE WOMACK		\$975.00		
CHARLES WYATT		\$460.00		
TODD ZABORAC		\$1,935.00		
TOTAL		\$13,970.00		
DON A LOWRY, MD				
MICHAEL ELWOOD		\$270.00		
TODD MCGOUGH		\$70.00		
JOHN SCHMITT		\$90.00		
CHARLES WYATT		\$120.00		
TOTAL		\$550.00		
UPMC LEE REGIONAL				
MICHAEL ELWOOD		\$989.00		
TODD MCGOUGH		\$989.00		
QUENTEEEN ROBINSON		\$6,678.10		
JOHN SCHMITT		\$793.00		
CHARLES WYATT		\$531.00		
TOTAL		\$9,980.10		
WALNUT RADIOLOGY ASSOCIATES, INC.				
MICHAEL ELWOOD		\$128.05		
TODD MCGOUGH		\$75.40		
QUENTEEEN ROBINSON		\$128.05		
CHARLES WYATT		\$18.15		
TOTAL		\$349.65		
DJ ORTHOPEDICS				
MICHAEL ELWOOD		\$1,082.60		
TOTAL		\$1,082.60		
J MICHAEL MOSES, MD				
BRIAN GIACHETTI		\$159.00		
CADELL SEAGRAVES		\$136.00		
TOTAL		\$295.00		
VINCENT E VENA, MD				
CHRIS GICKING		\$210.00		
TOTAL		\$210.00		
PENNSYLVANIA HAND CENTER				
CHRIS GICKING		\$4,378.25		
TOTAL		\$4,378.25		

IAN KATZ, MD			
QUENTEN ROBINSON	\$360.00		
DANTE WILEY	\$150.00		
JACKIE WOMACK	\$150.00		
CHARLES WYATT	\$235.00	TOTAL	\$895.00
LRCC ANESTHESIA			
QUENTEN ROBINSON	\$675.00	TOTAL	\$675.00
ASSOCIATION OF SPECIALTY PHYSICIAN			
JOHN SCHMITT	\$3,581.00	TOTAL	\$3,581.00
BRIGHTON RADIOLOGY ASSOCIATES			
JOHN SCHMITT	\$140.00	TOTAL	\$140.00
ELLWOOD CITY MSP			
JOHN SCHMITT	\$800.00	TOTAL	\$800.00
UNION ORTHOTICS AND PROSTHETICS			
JOHN SCHMITT	\$680.00	TOTAL	\$680.00
THE MEDICAL CENTER			
JOHN SCHMITT	\$13,403.25	TOTAL	\$13,403.25
CENTERS FOR REHAB SERVICES			
JOHN SCHMITT	\$793.02	TOTAL	\$793.02
WHEELING HOSPITAL			
CADELL SEAGRAVES	\$161.75	TOTAL	\$161.75
SEVENTH WARD AMB SERVICE			
JOHN SCHMITT	\$350.00	TOTAL	\$350.00
EBI. L.P.			
DANTE WILEY	\$333.00	TOTAL	\$333.00
ORTHOPEDIC SURGICAL SPECIALIST			
TODD ZABORAC	\$196.00	TOTAL	\$196.00
TERRY TYLER, M.D.			
TODD ZABORAC	\$1,137.18	TOTAL	\$1,137.18
BURKE & BRADLEY ORTHOPEDICS			
MICHAEL ELWOOD	\$120.00	TOTAL	\$120.00
RICHARD D. SCHROEDER, M.D.			
TODD ZABORAC	\$130.00	TOTAL	\$130.00
UPMC HEALTH SYSTEM			
MICHAEL ELWOOD	\$1,147.00	TOTAL	\$1,147.00

BEAVER ANESTHESIA ASSOCIATES			
JOHN SCHMITT	\$750.00	TOTAL	\$750.00
		GRAND TOTAL	\$56,107.80

EMPLOYEE	INJURED DATE	DATE OF SERVICE	LA BAYOU BEAST VENDOR	\$ AMOUNT	INJURY
KAREEM VANCE	04/21/2001	04/24/2001	SPECIALTY IMAGING, L.L.C.	\$800.00	LF KNEE SPRAIN
KAREEM VANCE	04/21/2001	04/23/2001	MCCLELLAND, SCOTT K	\$105.00	
KAREEM VANCE	04/21/2001	09/18/2001	CORNERSTONE REHAB	\$241.00	
KAREEM VANCE	04/21/2001	10/26/2001	CORNERSTONE REHAB	\$234.00	
KAREEM VANCE	04/21/2001	11/01/2001	CORNERSTONE REHAB	\$88.00	
KAREEM VANCE	04/21/2001	11/08/2001	CORNERSTONE REHAB	\$88.00	
KAREEM VANCE	04/21/2001	11/13 & 11/15	CORNERSTONE REHAB	\$176.00	
KAREEM VANCE	04/21/2001	11/27/2001	CORNERSTONE REHAB	\$88.00	
KAREEM VANCE	04/21/2001	12/11/2001	CORNERSTONE REHAB	\$44.00	
KAREEM VANCE	04/21/2001	04/27/2001	UNIVERSITY SPORTS MEDI	\$146.30	
KAREEM VANCE	04/21/2001	05/22/2001	UNIVERSITY SPORTS MEDI	\$50.00	
KAREEM VANCE	04/21/2001	07/05/2001	UNIVERSITY SPORTS MEDI	\$100.00	
KAREEM VANCE	04/21/2001	09/18/2001	UNIVERSITY SPORTS MEDI	\$50.00	
KAREEM VANCE	04/21/2001	10/23/2001	UNIVERSITY SPORTS MEDI	\$106.30	
KAREEM VANCE	04/21/2001	11/15/2001	UNIVERSITY SPORTS MEDI	\$75.00	
KAREEM VANCE	04/21/2001	12/03/2001	UNIVERSITY SPORTS MEDI	\$50.00	
KAREEM VANCE	04/21/2001	02/05/2002	UNIVERSITY SPORTS MEDI	\$126.30	
KAREEM VANCE	04/21/2001	02/20/2001	UNIVERSITY SPORTS MEDI	\$121.30	
BRYAN JACKSON	03/30/2001	05/07/2001	NORTH MONROE HOSPITAL	\$1,497.75	MRI
BRYAN JACKSON	03/30/2001	05/09/2001	MCCLELLAND, SCOTT K	\$68.00	
BRYAN JACKSON	03/30/2001	04/23/2001	MCCLELLAND, SCOTT K	\$305.00	LF ANKLE PULL
MONTRA EDWARD	04/28/2001	05/04/2001	RADIOLOGY ASSOCIATES	\$44.00	RT LITTLE FINGER SPRAIN
MONTRA EDWARD	04/28/2001	05/04/2001	NORTH MONROE HOSPITAL	\$563.76	
TIMOTHY LYONS	07/14/2001	07/14/2001	NORTH MONROE HOSPITAL	\$926.22	
TIMOTHY LYONS	07/14/2001	07/14/2001	RADIOLOGY ASSOCIATES	\$25.00	DEHYDRATION
PARIS ROBINSON	05/26/2001	05/31/2001	NORTH MONROE HOSPITAL	\$1,288.82	RT ELBOW INFECTION
PARIS ROBINSON	05/26/2001	06/01/2001	NORTH MONROE HOSPITAL	\$823.60	
PARIS ROBINSON	05/26/2001	06/02/2001	NORTH MONROE HOSPITAL	\$818.40	
PARIS ROBINSON	05/26/2001	06/03/2001	NORTH MONROE HOSPITAL	\$857.30	
PARIS ROBINSON	05/26/2001	06/04/2001	NORTH MONROE HOSPITAL	\$857.30	
PARIS ROBINSON	05/26/2001	06/05/2001	NORTH MONROE HOSPITAL	\$885.48	
EARNEST WYATT	4/30/01	04/30/2001	MCCLELLAND, SCOTT K	\$94.00	LF WRIST SPRAIN
MAYNOR GRAY	5/16/01	05/10/2001	MCCLELLAND, SCOTT K	\$229.00	KNEE INJURY
WILLIAM LOCKLEAR	04/23/2001	05/04/2001	NORTH MONROE HOSPITAL	\$1,497.75	LF KNEE ACL INJURY
WILLIAM LOCKLEAR	04/23/2001	05/04/2001	RADIOLOGY ASSOCIATES	\$165.00	
DEMETRIUS TURNER	06/24/2001	06/25/2001	MCCLELLAND, SCOTT K	\$289.00	LF KNEE ACL TEAR
JAMES NEWTON	4/6/01	04/06/2001	RADIOLOGY ASSOCIATES	\$40.00	FRACTURED RIBS
JAMES NEWTON	6-4-01	04/06/2002	NORTH MONROE HOSPITAL	\$216.33	
CHRIS ELLIS	6-4-01	06/04/2001	MCCLELLAND, SCOTT K	\$409.00	NO BACKUP

CHRIS ELLIS		11/26/2001	RADIOLOGY ASSOCIATES	\$330.00	
CHRIS ELLIS		11/26/2002	NORTH MONROE HOSPITAL	\$3,360.78	
			TOTALS	\$18,280.69	



SPECIALTY IMAGING, L.L.C.			\$800.00	TOTAL	\$800.00
KAREEM VANCE					
McCLELLAND, SCOTT K.					
KAREEM VANCE			\$105.00		
BRYAN JACKSON			\$373.00		
EARNEST WYATT			\$94.00		
MAYNOR GRAY			\$229.00		
DEMETRIUS TURNER			\$289.00		
CHRIS ELLIS			\$409.00	TOTAL	\$1,499.00
UNIVERSITY SPORTS MEDICINE					
KAREEM VANCE			\$825.20	TOTAL	\$825.20
CORNERSTONE REHAB					
KAREEM VANCE			\$959.00	TOTAL	\$959.00
NORTH MONROE HOSPITAL					
JAMES NEWTON			\$216.33		
BRYAN JACKSON			\$1,497.75		
MONTA EDWARDS			\$563.76		
GLEN ELLIS			\$3,360.78		
TIMOTHY LYONS			\$926.22		
PARIS ROBINSON			\$5,530.90		
WILLIAM LOCKLEAR			\$1,497.75	TOTAL	\$13,593.49
RADIOLOGY ASSOCIATES					
MONTA EDWARDS			\$44.00		
TIMOTHY LYONS			\$25.00		
WILLIAM LOCKLEAR			\$165.00		
GLEN ELLIS			\$330.00		
JAMES NEWTON			\$40.00	TOTAL	\$604.00
GRAND TOTAL					\$18,280.69

LA BAYOU BEAST

EMPLOYEE	INJURED DAT	DATE OF SERVIC	LA RANGERS VENDOR	\$ AMOUNT	INJURY
JACOB AUSTIN	04/07/2001	04/11/2001	MIDSTATE ORTHOPEDIC	\$68.00	LF ANKLE SPRAIN
JACOB AUSTIN	04/07/2001	04/11/2001	DJ ORTHOPEDICS	\$326.00	
JACOB AUSTIN	04/07/2001	05/09/2001	MIDSTATE ORTHOPEDIC	\$178.00	
JACOB AUSTIN	04/07/2001	06/13/2001	MIDSTATE ORTHOPEDIC	\$188.00	
JACOB AUSTIN	04/07/2001	06/13/2001	MIDSTATE ORTHOPEDIC	\$120.00	
JACOB AUSTIN	04/07/2001	06/26/2001	MIDSTATE ORTHOPEDIC	\$68.00	
JACOB AUSTIN	04/07/2001	07/03/2001	CENLA IMAGING ASSOCIATES - CIA	\$232.00	
JACOB AUSTIN	04/07/2001	07/13/2001	MIDSTATE ORTHOPEDIC	\$105.00	
JACOB AUSTIN	04/07/2001	07/03/2001	OPEN AIR MRI CENLA	\$1,150.00	
JACOB AUSTIN	04/07/2001	07/17/2001	MID-LOUISIANA ANESTHESIA	\$1,100.00	
JACOB AUSTIN	04/07/2001	07/17/2001	MIDSTATE ORTHOPEDIC	\$2,353.00	
JACOB AUSTIN	04/07/2001	07/17/2001	CHRISTUS ST FRANCE	\$6,651.18	
JACOB AUSTIN	04/07/2001	07/17/2001	ROBERTS, PILLARISSETTI & MANLAPA	\$15.00	
JACOB AUSTIN	04/07/2001	07/17/2001	TRIPARISH RENTAL	\$50.00	
JACOB AUSTIN	04/07/2001	02/15/2002	DJ ORTHOPEDICS	\$73.00	
CHRIS BANKS	04/30/2001	05/01/2001	MIDSTATE ORTHOPEDIC	\$57.00	GRADE 1 LATERAL ANKLE SPRAIN LF
CHRIS BANKS	04/30/2001	05/01/2001	MIDSTATE ORTHOPEDIC	\$179.00	
DAMION BROWN	03/31/2001	03/31/2001	MEDEXPRESS AMBULANCE SER	\$597.50	NECK SPRAIN
DAMION BROWN	03/31/2001	03/31/2001	MEDEXPRESS AMBULANCE SER	\$402.04	
DAMION BROWN	03/31/2001	03/31/2001	CHRISTUS ST FRANCE	\$472.48	
DAMION BROWN	03/31/2001	03/31/2001	CENTRAL LA IMAGING	\$78.00	
DAMION BROWN	03/31/2001	04/19/2001	OPEN AIR MRI CENLA	\$1,050.00	
DAMION BROWN	03/31/2001	04/19/2001	CENLA IMAGING ASSOCIATES - CIA	\$278.00	
RANDY CHAPPELL	07/09/2001	07/25/2001	MIDSTATE ORTHOPEDIC	\$48.00	
RANDY CHAPPELL	07/09/2001	08/13/2001	OPEN AIR MRI CENLA	\$1,250.00	RT KNEE MEDIAL MENISCUS TEAR
RANDY CHAPPELL	07/09/2001	08/13/2001	CENLA IMAGING ASSOCIATES - CIA	\$232.00	HAD SURGERY
RANDY CHAPPELL	07/09/2001	08/20/2001	MIDSTATE ORTHOPEDIC	\$105.00	
RANDY CHAPPELL	07/09/2001	08/28/2001	CHRISTUS ST FRANCE	\$5,014.97	
RANDY CHAPPELL	07/09/2001	08/28/2001	MIDSTATE ORTHOPEDIC	\$2,580.00	
RANDY CHAPPELL	07/09/2001	08/28/2001	TRIPARISH RENTAL	\$50.00	
RANDY CHAPPELL	07/09/2001	08/28/2001	MID-LOUISIANA ANESTHESIA	\$825.00	
RANDY CHAPPELL	07/09/2001	08/28/2001	ROBERTS, PILLARISSETTI & MANLAPA	\$15.00	
RANDY CHAPPELL	07/09/2001	8/30 & 8/31	LOUISIANA PT CENTERS INC	\$148.00	
RANDY CHAPPELL	07/09/2001	9/4,5,7,10,12,&14	LOUISIANA PT CENTERS INC	\$630.00	
RANDY CHAPPELL	07/09/2001	9/17,19,24,26,28	LOUISIANA PT CENTERS INC	\$525.00	
RANDY CHAPPELL	07/09/2001	10/2,3,8,10,12,15	LOUISIANA PT CENTERS INC	\$630.00	
RANDY CHAPPELL	07/09/2001	10/17-10/29	LOUISIANA PT CENTERS INC	\$630.00	
RANDY CHAPPELL	07/09/2001	10/31/2001	LOUISIANA PT CENTERS INC	\$109.00	
RANDY CHAPPELL	07/09/2001	11/5 - 11/7	LOUISIANA PT CENTERS INC	\$315.00	

EMPLOYEE	INJURED DAT	DATE OF SERVIC	VENDOR	\$ AMOUNT	INJURY
TREMANNE EVANS	04/28/2001	04/29/2001	CHRISTUS ST FRANCE	\$88.00	ABRASION OF RT CORNEA
TREMANNE EVANS	04/28/2001	04/29/2001	ER MEDICAL SERVICES INC	\$60.00	
CLARENCE FIELDS J	05/22/2001	05/24/2001	MIDSTATE ORTHOPEDIC	\$158.00	GRADE 111 RT ANKLE SPRAIN
CLARENCE FIELDS J	05/22/2001	05/24/2001	DJ ORTHOPEDICS	\$42.00	
CLARENCE FIELDS J	05/22/2001	05/29/2001	MIDSTATE ORTHOPEDIC	\$105.00	
CLARENCE FIELDS J	05/22/2001	06/04/2001	MIDSTATE ORTHOPEDIC	\$48.00	
CLARENCE FIELDS J	05/22/2001	07/09/2001	MIDSTATE ORTHOPEDIC	\$105.00	
CLARENCE FIELDS J	05/22/2001	02/25/2002	MIDSTATE ORTHOPEDIC	\$88.00	
JAMES GOODMAN	05/07/2001	05/07/2001	MIDSTATE ORTHOPEDIC	\$145.00	POST TRAUMATIC OSTEOARTHRITIS
JAMES GOODMAN	05/07/2001	05/07/2001	MIDSTATE ORTHOPEDIC	\$56.00	OF KNEE
JAMES GOODMAN	05/07/2001	06/10/2001	CHRISTUS ST FRANCE	\$264.83	LF CLAVICLE FRACTURE
JAMES GOODMAN	06/08/2001	06/15/2001	MIDSTATE ORTHOPEDIC	\$122.00	
JAMES GOODMAN	06/08/2001	07/31/2001	OPEN AIR MRI CENLA	\$1,350.00	
JAMES GOODMAN	06/08/2002	07/31/2001	CENLA IMAGING ASSOCIATES - CIA	\$232.00	
JAMES GOODMAN	05/07/2001	05/30/2001	DJ ORTHOPEDICS	\$42.00	
JAMES GOODMAN	05/07/2001	10/10/2001	OPEN AIR MRI CENLA	\$1,150.00	
JAMES GOODMAN	05/07/2001	10/10/2001	CENLA IMAGING ASSOCIATES - CIA	\$232.00	
JAMES GOODMAN	06/09/2001	10/22/2001	MIDSTATE ORTHOPEDIC	\$186.00	
GERALD GRIFFITH	05/08/2001	05/09/2001	MIDSTATE ORTHOPEDIC	\$183.00	RT KNEE CARBUNCLE W/SECONDARY
GERALD GRIFFITH	05/08/2001	05/09/2001	MIDSTATE ORTHOPEDIC	\$61.00	KNEE EFFUSION
RANSON JABARI	06/23/2001	06/27/2001	MIDSTATE ORTHOPEDIC	\$122.00	GRADE 2 MEDIAL COLLATERAL
RANSON JABARI	06/23/2001	7/2,7/5,7/6,7/9	LOUISIANA PT CENTERS INC	\$338.00	LIGAMENT SPRAIN OF LF KNEE
RANSON JABARI	06/23/2001	07/05/2001	CENLA IMAGING ASSOCIATES - CIA	\$232.00	HAD SURGERY
RANSON JABARI	06/23/2001	07/05/2001	OPEN AIR MRI CENLA	\$1,250.00	
RANSON JABARI	06/23/2001	7/9,7/12,7/13	LOUISIANA PT CENTERS INC	\$253.00	
RANSON JABARI	06/23/2001	07/13/2001	MIDSTATE ORTHOPEDIC	\$68.00	
RANSON JABARI	06/23/2001	7/17,7/18,7/20	LOUISIANA PT CENTERS INC	\$327.00	
RANSON JABARI	06/23/2001	7/23,7/27,7/31	LOUISIANA PT CENTERS INC	\$292.00	
RANSON JABARI	06/23/2001	07/25/2001	MIDSTATE ORTHOPEDIC	\$105.00	
RANSON JABARI	06/23/2001	07/25/2001	MIDSTATE ORTHOPEDIC	\$48.00	
RANSON JABARI	06/23/2001	07/25/2001	CENTRAL LA IMAGING	\$39.00	
RANSON JABARI	6/23/2001	07/26/2001	MIDSTATE ORTHOPEDIC	\$1,455.00	
RANSON JABARI	06/23/2001	07/26/2001	MID-LOUISIANA ANESTHESIA	\$715.00	
RANSON JABARI	06/23/2001	07/26/2001	CHRISTUS ST FRANCE	\$11.00	
RANSON JABARI	06/23/2001	07/26/2001	MIDSTATE ORTHOPEDIC	\$1,455.00	
RANSON JABARI	06/23/2001	07/26/2001	CHRISTUS ST FRANCE	\$4,135.14	
RANSON JABARI	6/23/2001	8/2,8/3,8/7	LOUISIANA PT CENTERS INC	\$327.00	
RANSON JABARI	06/23/2001	8/8,8/10,8/13	LOUISIANA PT CENTERS INC	\$327.00	
RANSON JABARI	06/23/2001	8/17,8/22,8/24	LOUISIANA PT CENTERS INC	\$288.00	
RANSON JABARI	06/23/2001	8/24 & 8/28	LOUISIANA PT CENTERS INC	\$148.00	

EMPLOYEE	INJURED DATE	DATE OF SERVICE	VENDOR	\$ AMOUNT	INJURY
RANSON JABARI	06/23/2001	09/04/2001	LOUISIANA PT CENTERS INC	\$109.00	
RANSON JABARI	06/23/2001	07/26/2001	RAY'S APOTHECARY PHARMACY	\$111.96	
KEITH JACKSON	05/24/2001	06/21/2001	DJ ORTHOPEDICS	\$301.00	LF ELBOW INJURED
ANDRE KING	04/24/2001	04/30/2001	MIDSTATE ORTHOPEDIC	\$256.00	4/24 FRACTURE LOWER LT RIB
ANDRE KING	04/24/2001	04/30/2001	MIDSTATE ORTHOPEDIC	\$134.00	
ANDRE KING	06/13/2001	06/14/2001	MIDSTATE ORTHOPEDIC	\$45.00	6/13 SOFT TISSUE INJURY OF LEFT
ANDRE KING	06/13/2001	06/14/2001	MIDSTATE ORTHOPEDIC	\$93.00	LITTLE FINGER
CHRIS LAZARD	04/10/2001	04/12/2001	OPEN AIR MRI CENLA	\$1,250.00	RT ACL TEAR
CHRIS LAZARD	04/10/2001	04/12/2001	CENLA IMAGING ASSOCIATES - CIA	\$232.00	HAD SURGERY
CHRIS LAZARD	04/10/2001	05/02/2001	MIDSTATE ORTHOPEDIC	\$61.00	
CHRIS LAZARD	04/10/2001	05/08/2001	MIDSTATE ORTHOPEDIC	\$320.19	
CHRIS LAZARD	04/10/2001	05/08/2001	MIDSTATE ORTHOPEDIC	\$730.40	
CHRIS LAZARD	04/10/2001	05/08/2001	MID-LOUISIANA ANESTHESIA	\$2,200.00	
CHRIS LAZARD	04/10/2001	05/08/2001	ROBERTS, PILLARISSETTI & MANLAPA	\$15.00	
CHRIS LAZARD	04/10/2001	05/08/2001	CHRISTUS ST FRANCE	\$9,010.89	
CHRIS LAZARD	04/10/2001	5/8 & 5/10	MIDSTATE ORTHOPEDIC	\$7,295.00	
CHRIS LAZARD	04/10/2001	05/10/2001	MIDSTATE ORTHOPEDIC	\$115.00	
CHRIS LAZARD	04/10/2001	5/21 - 5/23	LCM PHYSICAL THERAPY	\$172.00	
CHRIS LAZARD	04/10/2001	5/25 - 6/1	LCM PHYSICAL THERAPY	\$162.00	
CHRIS LAZARD	04/10/2001	6/8 - 6/25	LCM PHYSICAL THERAPY	\$181.00	
CHRIS LAZARD	04/10/2001	6/4 - 6/8	LCM PHYSICAL THERAPY	\$143.00	
CHRIS LAZARD	04/10/2001	7/2 - 8/1	LCM PHYSICAL THERAPY	\$160.00	
CHRIS LAZARD	04/10/2001	08/01/2001	LCM PHYSICAL THERAPY	\$40.00	
DERRICK TATE	05/30/2001	05/31/2001	MIDSTATE ORTHOPEDIC	\$68.00	PAIN W/INSPIRATION
DERRICK TATE	05/30/2001	05/31/2001	MIDSTATE ORTHOPEDIC	\$190.00	
DERRICK TATE	05/30/2001	05/31/2001	OPEN AIR MRI CENLA	\$875.00	
DERRICK TATE	05/30/2001	06/01/2001	CENLA IMAGING ASSOCIATES - CIA	\$214.00	
TOTALS				\$70,015.58	

## LOUISIANA RANGERS

MIDSTATE ORTHOPEDIC	JACOB AUSTIN	\$3,080.00		
	CHRIS BANKS	\$236.00		
	RANDY CHAPPELL	\$2,733.00		
	CLARENCE FIELDS JR	\$484.00		
	JAMES GOODMAN	\$509.00		
	GERALD GRIFFITH	\$244.00		
	RANSON JABARI	\$3,253.00		
	ANDRE KING	\$528.00		
	CHRIS LAZARD	\$8,521.59		
	DERRICK TATE	\$258.00		
DJ ORTHOPEDICS	JACOB AUSTIN	\$399.00		
	CLARENCE FIELDS JR	\$42.00		
	JAMES GOODMAN	\$42.00		
	KEITH JACKSON	\$301.00		
CENLA IMAGING ASSOCIATES	JACOB AUSTIN	\$232.00		
	DAMION BROWN	\$278.00		
	RANDY CHAPPELL	\$232.00		
	JAMES GOODMAN	\$464.00		
	RANSON JABARI	\$232.00		
	CHRIS LAZARD	\$232.00		
	DERRICK TATE	\$214.00		
OPEN AIR MRI CENLA	JACOB AUSTIN	\$1,150.00		
	DAMION BROWN	\$1,050.00		
	RANDY CHAPPELL	\$1,250.00		
	JAMES GOODMAN	\$2,500.00		
	RANSON JABARI	\$1,250.00		
	CHRIS LAZARD	\$1,250.00		
	DERRICK TATE	\$875.00		
MID-LOUISIANA ANESTHESIA	JACOB AUSTIN	\$1,100.00		
	RANDY CHAPPELL	\$825.00		
	RANSON JABARI	\$715.00		
	CHRIS LAZARD	\$2,200.00		
TOTAL			\$9,325.00	
CHRISTUS ST. FRANCE	JACOB AUSTIN	\$6,651.18		
	DAMION BROWN	\$472.48		
	RANDY CHAPPELL	\$5,014.97		
	TREMAYNE EVANS	\$88.00		
	JAMES GOODMAN	\$264.83		
	RANSON JABARI	\$4,146.14		

TOTAL \$4,840.00

TOTAL \$1,884.00

TOTAL \$784.00

TOTAL \$19,846.59



CHRIS LAZARD	\$9,010.89	TOTAL	\$25,648.49
ROBERTS, PILLARISSETTI & MANLAPA	\$15.00		
JACOB AUSTIN	\$15.00		
RANDY CHAPPELL	\$15.00		
CHRIS LAZARD	\$15.00	TOTAL	\$45.00
TRIPARISH RENTAL			
JACOB AUSTIN	\$50.00		
RANDY CHAPPELL	\$50.00	TOTAL	\$100.00
MEDEXPRESS AMBULANCE SERVICE			
DAMION BROWN	\$999.54	TOTAL	\$999.54
CENTRAL LA IMAGING			
DAMION BROWN	\$78.00		
RANSON JABARI	\$39.00	TOTAL	\$117.00
LOUISIANA PT CENTERS INC			
RANDY CHAPPELL	\$2,987.00		
RANSON JABARI	\$2,409.00	TOTAL	\$5,396.00
ER MEDICAL SERVICES INC			
TREMAINE EVANS	\$60.00	TOTAL	\$60.00
RAY'S APOTHECARY PHARMACY			
RANSON JABARI	\$111.96	TOTAL	\$111.96
LCM PHYSICAL THERAPY			
CHRIS LAZARD	\$858.00	TOTAL	\$858.00
GRAND TOTAL			\$70,015.58

LA Ranson

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EMPLOYEE	INJURED DATE	DATE OF SERVICE	LAKE CHARLES LANDSHARKS VENDOR	\$ AMOUNT	INJURY
JAMES HARDILEK	03/06/2001	03/29/2001	OPEN AIR MRI OF LC	\$900.00	MRI
JAMES HARDILEK	03/06/2001	03/14/2001	RADIOLOGY ASSOC OF SW LA	\$231.00	NO BACKUP
CHARLES AYRO	16-Jun	7/17, 7/31, & 8/30	CENTER FOR ORTHOPEDICS	\$736.00	LF ANKLE FRACTURE
CHARLES AYRO	06/16/2001	07/23/2001	LAKE CHARLES MEMORIAL HOSP	\$766.00	
CHARLES AYRO	06/16/2001	07/23/2001	RADIOLOGY ASSOC OF SW LA	\$97.00	
CHARLES AYRO	06/16/2001	07/27/2001	RADIOLOGY ASSOC OF SW LA	\$875.50	
CHARLES AYRO	06/16/2001	10/01/2001	CENTER FOR ORTHOPEDICS	\$7.00	
CHARLES AYRO	06/16/2001	10/01/2001	THE MEDICAL LABORATORY OF SW L	\$24.00	
CHARLES AYRO	06/16/2001	10/01/2001	THE MEDICAL LABORATORY OF SW L	\$30.00	
CHARLES AYRO	06/16/2001	07/27/2001	RADIOLOGY ASSOC OF SW LA	\$231.00	
MARCUS LEBLANC	04/06/2001	04/18/2001	LAKE CHARLES ANESTHESIOLOGY	\$812.50	RT ACHILLES TENDON RUPTURE
MARCUS LEBLANC	04/06/2001	04/18/2001	LAKE CHARLES MEMORIAL HOSP	\$3,321.36	HAD SURGERY TO REPAIR
MARCUS LEBLANC	04/06/2001	04/18/2001	CENTER FOR ORTHOPEDICS	\$3,885.00	
MARCUS LEBLANC	04/06/2001	04/18/2001	CENTER FOR ORTHOPEDICS	\$570.00	
MARCUS LEBLANC	04/06/2001	05/24/2001	CENTER FOR ORTHOPEDICS	\$557.00	
MARCUS LEBLANC	04/06/2001	04/18/2001	THE MEDICAL LABORATORY OF SW L	\$9.00	
MARCUS LEBLANC	04/06/2001	06/28/2001	CENTER FOR ORTHOPEDICS	\$7.00	
MARCUS LEBLANC	04/06/2001	05/03/2001	CENTER FOR ORTHOPEDICS	\$127.00	
MARCUS LEBLANC	04/06/2001	4/12/01 & 5/3/01	CENTER FOR ORTHOPEDICS	\$134.00	
MARCUS LEBLANC	04/06/2001	04/12/2001	CENTER FOR ORTHOPEDICS	\$7.00	
MARCUS LEBLANC	04/06/2001	5/3/01 & 5/24/01	CENTER FOR ORTHOPEDICS	\$684.00	
ROBERT HULETT	03/13/2001	04/12/2001	ACTION POTENTIAL P.T P.T	\$128.00	LF FIBULA FRACTURE
ROBERT HULETT	03/13/2001	04/16/2001	ACTION POTENTIAL P.T P.T	\$128.00	
ROBERT HULETT	03/13/2001	04/18/2001	ACTION POTENTIAL P.T P.T	\$128.00	
ROBERT HULETT	03/13/2001	04/19/2001	ACTION POTENTIAL P.T P.T	\$128.00	
ROBERT HULETT	03/13/2001	04/23/2001	ACTION POTENTIAL P.T P.T	\$128.00	
ROBERT HULETT	03/13/2001	04/25/2001	ACTION POTENTIAL P.T P.T	\$128.00	
ROBERT HULETT	03/13/2001	04/27/2001	ACTION POTENTIAL P.T P.T	\$128.00	
ROBERT HULETT	03/13/2001	04/30/2001	ACTION POTENTIAL P.T P.T	\$128.00	
ROBERT HULETT	03/13/2001	03/20/2001	CHRISTUS ST. PATRICK HOSPITAL	\$7,945.92	
ROBERT HULETT	03/13/2001	04/18/2001	ACADIANA ORTHOPEDICS	\$90.00	
ROBERT HULETT	03/13/2001	03/16/2001	RADIOLOGY ASSOC OF SW LA	\$25.00	
ROBERT HULETT	03/13/2001	03/14/2001	ACADIANA ORTHOPEDICS	\$815.00	
ROBERT HULETT	03/13/2001	03/16/2001	ACADIANA ORTHOPEDICS	\$2,400.00	
ROBERT HULETT	03/13/2001	03/21/2001	ACTION POTENTIAL P.T P.T	\$113.00	
ROBERT HULETT	03/13/2001	03/22/2001	ACTION POTENTIAL P.T P.T	\$113.00	
ROBERT HULETT	03/13/2001	03/23/2001	ACTION POTENTIAL P.T P.T	\$122.00	
ROBERT HULETT	03/13/2001	03/26/2001	ACTION POTENTIAL P.T P.T	\$142.00	
ROBERT HULETT	03/13/2001	03/28/2001	ACTION POTENTIAL P.T P.T	\$142.00	

ROBERT HULETT	03/13/2001	03/30/2001	ACTION POTENTIAL P.T P.T	\$113.00	
ROBERT HULETT	03/13/2001	04/02/2001	ACTION POTENTIAL P.T P.T	\$127.00	
ROBERT HULETT	03/13/2001	04/03/2001	ACTION POTENTIAL P.T P.T	\$127.00	
ROBERT HULETT	03/13/2001	04/05/2001	ACTION POTENTIAL P.T P.T	\$127.00	
ROBERT HULETT	03/13/2001	04/09/2001	ACTION POTENTIAL P.T P.T	\$128.00	
WARREN ST JUNIQU	06/02/2001	06/04/2001	LAKE CHARLES MEMORIAL HOSP	\$1,397.00	FT FOOT SPRAIN
WARREN ST JUNIQU	06/02/2001	06/04/2001	CENTER FOR ORTHOPEDICS	\$7.00	
WARREN ST JUNIQU	06/02/2001	06/04/2001	RADIOLOGY ASSOC OF SW LA	\$173.00	
SAMUEL SMITH	03/06/2001	03/06/2001	LAKE CHARLES MEMORIAL HOSP	\$375.50	EYEBROW LACERATION
DAVID LEWIS	03/06/2001	03/06/2001	LAKE CHARLES MEMORIAL HOSP	\$375.50	EYEBROW LACERATION
BRYAN BLAKE	04/28/2001	05/08/2001	CENTER FOR ORTHOPEDICS	\$256.00	LF PINKY FINGER FRACTURED
CLARENC CEASAR	4/16/01	04/06/2001	WHEELING HOSPITAL	\$396.75	
			TOTALS	\$30,546.03	

LAKE CHARLES LANDSHARKS			
OPEN AIR MRI OF LAKE CHARLES	JAMES HARDIEK	\$900.00	TOTAL
RADIOLOGY ASSOCIATES OF SW LA	JAMES HARDIEK	\$231.00	
	CHARLES AYRO	\$1,203.50	
	ROBERT HULETT	\$25.00	
	WARREN ST JUNIOUS	\$173.00	TOTAL
CENTER FOR ORTHOPEDICS	CHARLES AYRO	\$743.00	
	MARCUS LEBLANC	\$5,971.00	
	WARREN ST JUNIOUS	\$7.00	
	BRYAN BLAKE	\$256.00	TOTAL
LAKE CHARLES MEMORIAL HOSPITAL	CHARLES AYRO	\$766.00	
	MARCUS LEBLANC	\$3,321.36	
	WARREN ST JUNIOUS	\$1,397.00	
	SAMUEL SMITH	\$375.50	
	DAVID LEWIS	\$375.50	TOTAL
THE MEDICAL LABORATORY OF SW LOUISIANA	CHARLES AYRO	\$54.00	
	MARCUS LEBLANC	\$9.00	
LAKE CHARLES ANESTHESIOLOGY	MARCUS LEBLANC	\$812.50	TOTAL
ACTION POTENTIAL P.T.P.T.	ROBERT HULETT	\$2,278.00	TOTAL
CHRISTUS ST. PATRICK HOSPITAL	ROBERT HULETT	\$7,945.92	TOTAL
ACADIANA ORTHOPEDICS	ROBERT HULETT	\$3,305.00	TOTAL
WHEELING HOSPITAL	CLARENCE CEASAR	\$396.75	TOTAL
GRAND TOTAL		\$30,546.03	

EMPLOYEE	INJURED DAT	DATE OF SERVIC	MISSISSIPPI FIREDOGS VENDOR	\$ AMOUNT	INJURY
WILLIAM KEITH	06/22/2001	06/26/2001	BIENVILLE ORTHO SPEC, PA	\$247.00	RT ANKLE GRADE 3 SPRAIN
STU RAYBURN	06/16/2001	06/16/2001	MOBILE MEDIC AMBU. SER.	\$510.50	ACUTE MYOFASCIAL STRAIN
STU RAYBURN	06/16/2001	06/16/2001	BILOXI REGIONAL MEDICAL CT	\$2,509.00	OF CERVICAL
STU RAYBURN	03/27/2001	07/12/2001	BIENVILLE ORTHO SPEC, PA	\$234.00	
STU RAYBURN	06/16/2001	06/17/2001	BILOXI REGIONAL MEDICAL CT	\$284.00	RT KNEE MEDIAL MENISCAL TEAR
STU RAYBURN	03/27/2001	08/14/2001	BIENVILLE ORTHO SPEC, PA	\$62.00	
STU RAYBURN	06/01/2001	08/27/2001	OPEN MRI, LLC	\$1,650.00	RT KNEE GRADE 2 LATERAL
STU RAYBURN	03/27/2001	08/30/2001	BIENVILLE ORTHO SPEC, PA	\$62.00	
STU RAYBURN	03/27/2001	04/02/2001	BIENVILLE ORTHO SPEC, PA	\$90.00	JOINT CHONDRUMALACIA
STU RAYBURN	03/27/2001	10/09/2001	BIENVILLE ORTHO SPEC, PA	\$62.00	
STU RAYBURN	03/27/2001	10/11/2001	BIENVILLE ORTHO SPEC, PA	\$5,333.00	
STU RAYBURN	06/01/2001	10/11/2001	BILOXI OUTPATIENT SUR	\$11,872.00	
NICKY SEYMOUR	04/07/2001	04/09/2001	BIENVILLE ORTHO SPEC, PA	\$208.00	LF KNEE ACL TEAR W/MEDIAL
NICKY SEYMOUR	04/07/2001	04/13/2001	OPEN MRI, LLC	\$1,650.00	
NICKY SEYMOUR	04/07/2001	04/17/2001	BIENVILLE ORTHO SPEC, PA	\$95.00	& LATERAL MENISCAL TEARS
NICKY SEYMOUR	04/04/2001	04/26/2001	BILOXI REGIONAL MEDICAL CT	\$138.00	
NICKY SEYMOUR	04/07/2001	04/26/2001	BIENVILLE ORTHO REHAB	\$145.00	
NICKY SEYMOUR	04/07/2001	04/26/2001	SUN COAST ANESTHESIA, P.A.	\$768.00	
NICKY SEYMOUR	04/07/2001	04/26/2001	BILOXI REGIONAL MEDICAL CT	\$15,957.00	
NICKY SEYMOUR	04/07/2001	04/26/2001	BIENVILLE ORTHO SPEC, PA	\$6,217.00	
NICKY SEYMOUR	04/07/2001	04/26/2001	BILOXI OUTPATIENT SUR	\$16,095.00	
NICKY SEYMOUR	04/07/2001	05/01/2001	SUNBELT REHAB SYSTEM	\$205.00	
NICKY SEYMOUR	04/07/2001	05/02/2001	SUNBELT REHAB SYSTEM	\$5.00	
NICKY SEYMOUR	04/07/2001	05/02/2001	SUNBELT REHAB SYSTEM	\$155.00	
NICKY SEYMOUR	04/07/2001	05/07/2001	SUNBELT REHAB SYSTEM	\$110.00	
NICKY SEYMOUR	04/07/2001	06/01/2001	SUNBELT REHAB SYSTEM	\$125.00	
NICKY SEYMOUR	04/07/2001	08/28/2001	BIENVILLE ORTHO SPEC, PA	\$62.00	
NICKY SEYMOUR	04/07/2001	05/03/2001	SUNBELT REHAB SYSTEM	\$160.00	
NICKY SEYMOUR	04/07/2001	05/09/2001	SUNBELT REHAB SYSTEM	\$170.00	
NICKY SEYMOUR	04/07/2001	05/10/2001	SUNBELT REHAB SYSTEM	\$170.00	
NICKY SEYMOUR	04/07/2001	05/15/2001	SUNBELT REHAB SYSTEM	\$170.00	
NICKY SEYMOUR	04/07/2001	05/18/2001	SUNBELT REHAB SYSTEM	\$170.00	
NICKY SEYMOUR	04/07/2001	05/22/2001	SUNBELT REHAB SYSTEM	\$170.00	
NICKY SEYMOUR	04/07/2001	05/24/2001	SUNBELT REHAB SYSTEM	\$170.00	
NICKY SEYMOUR	04/07/2001	05/30/2001	SUNBELT REHAB SYSTEM	\$170.00	
NICKY SEYMOUR	04/07/2001	05/31/2001	SUNBELT REHAB SYSTEM	\$170.00	
NICKY SEYMOUR	04/07/2001	06/06/2001	SUNBELT REHAB SYSTEM	\$170.00	
NICKY SEYMOUR	04/07/2001	06/07/2001	SUNBELT REHAB SYSTEM	\$170.00	
NICKY SEYMOUR	04/07/2001	06/11/2001	SUNBELT REHAB SYSTEM	\$170.00	



EMPLOYEE	INJURED DATE	DATE OF SERVICE	VENDOR	\$ AMOUNT	INJURY
NICKY SEYMOUR	04/07/2001	06/12/2001	SUNBELT REHAB SYSTEM	\$170.00	
NICKY SEYMOUR	04/07/2001	06/20/2001	SUNBELT REHAB SYSTEM	\$170.00	
NICKY SEYMOUR	04/07/2001	06/26/2001	SUNBELT REHAB SYSTEM	\$170.00	
NICKY SEYMOUR	04/07/2001	06/28/2001	SUNBELT REHAB SYSTEM	\$170.00	
NICKY SEYMOUR	04/07/2001	07/10/2001	SUNBELT REHAB SYSTEM	\$170.00	
NICKY SEYMOUR	04/07/2001	07/12/2001	SUNBELT REHAB SYSTEM	\$170.00	
NICKY SEYMOUR	04/07/2001	07/17/2001	SUNBELT REHAB SYSTEM	\$170.00	
NICKY SEYMOUR	04/07/2001	07/24/2001	SUNBELT REHAB SYSTEM	\$170.00	
NICKY SEYMOUR	04/07/2001	07/25/2001	SUNBELT REHAB SYSTEM	\$170.00	
NICKY SEYMOUR	04/07/2001	07/26/2001	SUNBELT REHAB SYSTEM	\$170.00	
NICKY SEYMOUR	04/07/2001	07/30/2001	SUNBELT REHAB SYSTEM	\$170.00	
NICKY SEYMOUR	04/07/2001	08/06/2001	SUNBELT REHAB SYSTEM	\$170.00	
NICKY SEYMOUR	04/07/2001	08/08/2001	SUNBELT REHAB SYSTEM	\$170.00	
NICKY SEYMOUR	04/07/2001	08/21/2001	SUNBELT REHAB SYSTEM	\$170.00	
NICKY SEYMOUR	04/07/2001	08/23/2001	SUNBELT REHAB SYSTEM	\$170.00	
NICKY SEYMOUR	04/07/2001	08/30/2001	SUNBELT REHAB SYSTEM	\$170.00	
NICKY SEYMOUR	04/07/2001	09/06/2001	SUNBELT REHAB SYSTEM	\$170.00	
NICKY SEYMOUR	04/07/2001	09/13/2001	SUNBELT REHAB SYSTEM	\$170.00	
NICKY SEYMOUR	04/07/2001	09/20/2001	SUNBELT REHAB SYSTEM	\$170.00	
NICKY SEYMOUR	04/07/2001	09/25/2001	SUNBELT REHAB SYSTEM	\$170.00	
NICKY SEYMOUR	04/07/2001	10/02/2001	SUNBELT REHAB SYSTEM	\$170.00	
NICKY SEYMOUR	04/07/2001	10/11/2001	SUNBELT REHAB SYSTEM	\$170.00	
NICKY SEYMOUR	04/07/2001	10/18/2001	SUNBELT REHAB SYSTEM	\$170.00	
NICKY SEYMOUR	04/07/2001	10/22/2001	SUNBELT REHAB SYSTEM	\$105.00	
NICKY SEYMOUR	04/07/2001	10/23/2001	BIENVILLE ORTHO SPEC, PA	\$62.00	
NICKY SEYMOUR	04/07/2001	11/06/2001	BILOXI REGIONAL MEDICAL CT	\$416.90	
NICKY SEYMOUR	04/07/2001	12/18/2001	BIENVILLE ORTHO SPEC, PA	\$62.00	
NICKY SEYMOUR	04/07/2001	02/21/2002	BIENVILLE ORTHO SPEC, PA	\$71.00	
NICKY SEYMOUR	04/07/2001	03/14/2002	BIENVILLE ORTHO SPEC, PA	\$481.00	
NICKY SEYMOUR	04/07/2001	03/14/2002	EDAR LAKE SURGERY CENTE	\$270.00	
NICKY SEYMOUR	04/07/2001	03/14/2002	SUN COAST ANESTHESIA, P.A.	\$300.00	
NICKY SEYMOUR	04/07/2001	03/15/2002	BIENVILLE ORTHO REHAB	\$326.00	
NICKY SEYMOUR	04/07/2001	03/21/2002	BIENVILLE ORTHO REHAB	\$206.00	
NICKY SEYMOUR	04/07/2001	03/14/2002	BILOXI OUTPATIENT SUR	\$1,990.00	
NICKY SEYMOUR	04/07/2001	03/29/2002	BIENVILLE ORTHO REHAB	\$206.00	
NICKY SEYMOUR	04/07/2001	04/01/2002	BIENVILLE ORTHO REHAB	\$206.00	
NICKY SEYMOUR	04/07/2001	07/31/2001	DAVID E. FUTRELL, D.D.S.	\$1,272.00	TOOTH FRACTURE
LAMONT WOODBERRY	07/21/2001	04/08/2002	GULF COAST MEDICAL CENTE	\$999.50	4/7 RT DISTAL RADIUS FRACTURE
EMMANUEL BENTLEY	04/07/2002	04/08/2002	GULF COAST MEDICAL CENTE	\$257.00	
EMMANUEL BENTLEY	04/07/2002	04/09/2001	BIENVILLE ORTHO SPEC, PA	\$453.00	

EMPLOYEE	INJURED DATE	DATE OF SERVICE	VENDOR	\$ AMOUNT	INJURY
EMMANUEL BENTLEY	04/07/2001	04/16/2001	BIENVILLE ORTHO SPEC, PA	\$171.00	
EMMANUEL BENTLEY	04/07/2001	04/23/2001	BIENVILLE ORTHO SPEC, PA	\$348.00	
EMMANUEL BENTLEY	04/07/2001	05/15/2001	BIENVILLE ORTHO SPEC, PA	\$154.00	
EMMANUEL BENTLEY	07/21/2001	07/23/2001	BIENVILLE ORTHO SPEC, PA	\$195.00	7/21 LF KNEE W/PCL TEAR & RUPTURE
EMMANUEL BENTLEY	07/21/2001	07/23/2001	OPEN MRI, LLC	\$1,650.00	OF ACL
EMMANUEL BENTLEY	07/21/2001	07/26/2001	BIENVILLE ORTHO SPEC, PA	\$95.00	
EMMANUEL BENTLEY	7/21/2001	08/23/2001	BIENVILLE ORTHO SPEC, PA	\$95.00	
EMMANUEL BENTLEY	7/21/2001	08/27/2001	BILOXI OUTPATIENT SUR	\$1,446.00	
EMMANUEL BENTLEY	7/21/2001	08/27/2001	BILOXI OUTPATIENT SUR	\$26,282.00	
EMMANUEL BENTLEY	7/21/2001	08/27/2001	BIENVILLE ORTHO SPEC, PA	\$11,131.00	
EMMANUEL BENTLEY	7/21/2001	08/28/2001	ADVANCED MEDICAL SYSTEMS	\$1,224.00	
EMMANUEL BENTLEY	7/21/2001	08/30/2001	BIENVILLE ORTHO REHAB	\$135.00	
EMMANUEL BENTLEY	7/21/2001	08/31/2001	BIENVILLE ORTHO SPEC, PA	\$80.00	
EMMANUEL BENTLEY	7/21/2001	09/05/2001	BIENVILLE ORTHO REHAB	\$170.00	
EMMANUEL BENTLEY	7/21/2001	09/07/2001	BIENVILLE ORTHO REHAB	\$170.00	
EMMANUEL BENTLEY	7/21/2001	09/10/2001	BIENVILLE ORTHO REHAB	\$170.00	
EMMANUEL BENTLEY	7/21/2001	09/12/2001	BIENVILLE ORTHO REHAB	\$170.00	
EMMANUEL BENTLEY	7/21/2001	09/14/2001	BIENVILLE ORTHO REHAB	\$170.00	
EMMANUEL BENTLEY	7/21/2001	09/18/2001	BIENVILLE ORTHO REHAB	\$170.00	
EMMANUEL BENTLEY	7/21/2001	09/21/2001	BIENVILLE ORTHO REHAB	\$170.00	
EMMANUEL BENTLEY	7/21/2001	09/24/2001	BIENVILLE ORTHO REHAB	\$162.00	
EMMANUEL BENTLEY	7/21/2001	09/25/2001	BIENVILLE ORTHO SPEC, PA	\$105.00	
EMMANUEL BENTLEY	7/21/2001	09/26/2001	BIENVILLE ORTHO REHAB	\$170.00	
EMMANUEL BENTLEY	7/21/2001	09/28/2001	BIENVILLE ORTHO REHAB	\$170.00	
EMMANUEL BENTLEY	7/21/2001	10/01/2001	BIENVILLE ORTHO REHAB	\$170.00	
EMMANUEL BENTLEY	7/21/2001	10/03/2001	BIENVILLE ORTHO REHAB	\$170.00	
EMMANUEL BENTLEY	7/21/2001	10/05/2001	BIENVILLE ORTHO REHAB	\$170.00	
EMMANUEL BENTLEY	7/21/2001	10/08/2001	BIENVILLE ORTHO REHAB	\$170.00	
EMMANUEL BENTLEY	7/21/2001	10/10/2001	BIENVILLE ORTHO REHAB	\$170.00	
EMMANUEL BENTLEY	7/21/2001	10/12/2001	BIENVILLE ORTHO REHAB	\$170.00	
EMMANUEL BENTLEY	7/21/2001	10/15/2001	BIENVILLE ORTHO REHAB	\$170.00	
EMMANUEL BENTLEY	7/21/2001	10/17/2001	BIENVILLE ORTHO REHAB	\$170.00	
EMMANUEL BENTLEY	7/21/2001	10/19/2001	BIENVILLE ORTHO REHAB	\$170.00	
EMMANUEL BENTLEY	7/21/2001	10/23/2001	BIENVILLE ORTHO SPEC, PA	\$105.00	
EMMANUEL BENTLEY	7/21/2001	10/23/2001	BIENVILLE ORTHO REHAB	\$162.00	
EMMANUEL BENTLEY	7/21/2001	10/25/2001	BIENVILLE ORTHO REHAB	\$170.00	
EMMANUEL BENTLEY	7/21/2001	10/29/2001	BIENVILLE ORTHO REHAB	\$170.00	
EMMANUEL BENTLEY	7/21/2001	11/02/2001	BIENVILLE ORTHO REHAB	\$170.00	
EMMANUEL BENTLEY	7/21/2001	11/06/2001	BIENVILLE ORTHO REHAB	\$170.00	
EMMANUEL BENTLEY	7/21/2001	11/08/2001	BIENVILLE ORTHO REHAB	\$170.00	

EMPLOYEE	INJURED DAT	DATE OF SERVIC	VENDOR	\$ AMOUNT	INJURY
EMMANUEL BENTLEY	7/21/2001	11/13/2001	BIENVILLE ORTHO REHAB	\$170.00	
EMMANUEL BENTLEY	7/21/2001	11/15/2001	BIENVILLE ORTHO REHAB	\$170.00	
EMMANUEL BENTLEY	7/21/2001	11/19/2001	BIENVILLE ORTHO REHAB	\$170.00	
EMMANUEL BENTLEY	7/21/2001	11/21/2001	BIENVILLE ORTHO REHAB	\$170.00	
EMMANUEL BENTLEY	7/21/2001	11/27/2001	BIENVILLE ORTHO REHAB	\$170.00	
EMMANUEL BENTLEY	7/21/2001	11/29/2001	BIENVILLE ORTHO REHAB	\$170.00	
EMMANUEL BENTLEY	7/21/2001	12/04/2001	BIENVILLE ORTHO REHAB	\$170.00	
EMMANUEL BENTLEY	7/21/2001	12/07/2001	BIENVILLE ORTHO REHAB	\$170.00	
EMMANUEL BENTLEY	7/21/2001	12/11/2001	BIENVILLE ORTHO REHAB	\$170.00	
EMMANUEL BENTLEY	7/21/2001	12/13/2001	BIENVILLE ORTHO REHAB	\$167.00	
EMMANUEL BENTLEY	7/21/2001	12/18/2001	BIENVILLE ORTHO SPEC, PA	\$62.00	
EMMANUEL BENTLEY	7/21/2001	12/18/2001	BIENVILLE ORTHO SPEC, PA	\$1,200.00	
EMMANUEL BENTLEY	7/21/2001	12/26/2001	BIENVILLE ORTHO REHAB	\$170.00	
EMMANUEL BENTLEY	7/21/2001	12/28/2001	BIENVILLE ORTHO REHAB	\$170.00	
EMMANUEL BENTLEY	7/21/2001	01/04/2002	OPEN MRI, LLC	\$1,650.00	
EMMANUEL BENTLEY	7/21/2001	01/08/2002	BIENVILLE ORTHO SPEC, PA	\$71.00	
EMMANUEL BENTLEY	7/21/2001	01/09/2002	BIENVILLE ORTHO REHAB	\$217.00	
EMMANUEL BENTLEY	7/21/2001	01/11/2002	BIENVILLE ORTHO REHAB	\$206.00	
EMMANUEL BENTLEY	7/21/2001	01/14/2002	BIENVILLE ORTHO SPEC, PA	\$271.00	
EMMANUEL BENTLEY	7/21/2001	01/14/2002	BIENVILLE ORTHO REHAB	\$206.00	
EMMANUEL BENTLEY	7/21/2001	01/16/2002	BIENVILLE ORTHO REHAB	\$206.00	
EMMANUEL BENTLEY	7/21/2001	01/18/2002	BIENVILLE ORTHO REHAB	\$206.00	
EMMANUEL BENTLEY	7/21/2001	01/23/2002	BIENVILLE ORTHO REHAB	\$206.00	
EMMANUEL BENTLEY	7/21/2001	01/25/2002	BIENVILLE ORTHO REHAB	\$206.00	
EMMANUEL BENTLEY	7/21/2001	01/28/2002	BIENVILLE ORTHO REHAB	\$206.00	
EMMANUEL BENTLEY	7/21/2001	01/30/2002	BIENVILLE ORTHO REHAB	\$206.00	
EMMANUEL BENTLEY	7/21/2001	02/01/2002	BIENVILLE ORTHO REHAB	\$228.00	
EMMANUEL BENTLEY	7/21/2001	02/05/2002	BIENVILLE ORTHO REHAB	\$206.00	
EMMANUEL BENTLEY	7/21/2001	02/07/2002	BIENVILLE ORTHO SPEC, PA	\$71.00	
EMMANUEL BENTLEY	7/21/2001	03/05/2002	BIENVILLE ORTHO REHAB	\$206.00	
EMMANUEL BENTLEY	7/21/2001	03/12/2002	BIENVILLE ORTHO REHAB	\$206.00	
EMMANUEL BENTLEY	7/21/2001	03/18/2002	BIENVILLE ORTHO REHAB	\$206.00	
EMMANUEL BENTLEY	7/21/2001	03/20/2002	BIENVILLE ORTHO REHAB	\$206.00	
EMMANUEL BENTLEY	7/21/2001	03/22/2002	BIENVILLE ORTHO REHAB	\$206.00	
EMMANUEL BENTLEY	7/21/2001	03/25/2002	BIENVILLE ORTHO REHAB	\$206.00	
EMMANUEL BENTLEY	7/21/2001	03/27/2002	BIENVILLE ORTHO REHAB	\$206.00	
EMMANUEL BENTLEY	7/21/2001	03/29/2002	BIENVILLE ORTHO REHAB	\$206.00	
EMMANUEL BENTLEY	7/21/2001	04/01/2002	BIENVILLE ORTHO REHAB	\$206.00	
EMMANUEL BENTLEY	7/21/2001	04/05/2002	BIENVILLE ORTHO REHAB	\$206.00	

EMPLOYEE	INJURED DATE	DATE OF SERVICE	VENDOR	\$ AMOUNT	INJURY
EMMANUEL BENTLEY	7/21/2001	04/08/2002	BIENVILLE ORTHO REHAB	\$237.00	
EMMANUEL BENTLEY	7/21/2001	04/09/2002	BIENVILLE ORTHO REHAB	\$71.00	
EMMANUEL BENTLEY	7/21/2001	04/12/2002	BIENVILLE ORTHO REHAB	\$206.00	
EMMANUEL BENTLEY	7/21/2001	05/14/2002	BIENVILLE ORTHO SPEC, PA	\$300.00	
STACY WILSON	04/07/2001	04/09/2001	BIENVILLE ORTHO SPEC, PA	\$198.00	RT RIB CONTUSION
STACY WILSON	05/12/2001	05/15/2001	BIENVILLE ORTHO SPEC, PA	\$132.00	RT WRIST SPRAIN
STACY WILSON	02-Jun	06/04/2001	BIENVILLE ORTHO SPEC, PA	\$195.00	LF KNEE CONTUSION
STACY WILSON	21-Jul	08/06/2001	BIENVILLE ORTHO SPEC, PA	\$145.00	RT CHEST WALL CONTUSION
STACY WILSON	21-Jul	07/30/2002	THOMAS B. ZAKKAK, DDS	\$360.00	
TERRANCE WARE	03/27/2001	04/05/2001	BIENVILLE ORTHO SPEC, PA	\$156.00	RT THUMB STRAIN
MARCUS HAYNES	07/07/2001	07/17/2001	BIENVILLE ORTHO SPEC, PA	\$108.00	TEMPORAL ARTERY ANAULOY
MARCUS HAYNES	07/07/2001	07/20/2001	BILOXI OUTPATIENT SUR	\$2,260.00	HAD SURGERY
KEVIN HEARD	05/05/2001	05/21/2001	BIENVILLE ORTHO SPEC, PA	\$108.00	DIPLOPIA-POSTCONCUSSION
KEVIN HEARD	05/05/2001	05/21/2001	EYE ASSOC OF THE SOUTH	\$150.00	TYPE SYNDROME
KEVIN HEARD	05/05/2001	05/23/2001	OPEN MRI, LLC	\$450.00	
KEVIN HEARD	05/05/2001	05/23/2001	OPEN MRI, LLC	\$1,400.00	
KEVIN HEARD	05/05/2002	05/25/2002	TERRY C. SMITH, M.D.	\$230.00	
TIMOTHY HARDWAY	06/02/2001	06/06/2001	BIENVILLE ORTHO SPEC, PA	\$259.00	BACK INJURY SPONDYLOLYSIS AT
TIMOTHY HARDWAY	06/02/2001	06/12/2001	BIENVILLE ORTHO SPEC, PA	\$210.00	L5
TIMOTHY HARDWAY	06/02/2001	06/14/2001	BIENVILLE ORTHO SPEC, PA	\$170.00	
TIMOTHY HARDWAY	06/02/2001	06/19/2001	BIENVILLE ORTHO SPEC, PA	\$170.00	
BOBBY DOYLE	04/28/2001	04/30/2001	BIENVILLE ORTHO SPEC, PA	\$208.00	RT KNEE INTERNAL DERANGEMENT
BOBBY DOYLE	04/28/2001	05/03/2001	OPEN MRI, LLC	\$1,400.00	
BOBBY DOYLE	04/28/2001	05/03/2001	BIENVILLE ORTHO SPEC, PA	\$242.52	
TERRANCE DICKERSON	05/05/2001	05/07/2001	BIENVILLE ORTHO SPEC, PA	\$254.00	LF KNEE INTERNAL DERANGEMENT
TERRANCE DICKERSON	05/05/2001	05/09/2001	BIENVILLE ORTHO SPEC, PA	\$175.00	
TERRANCE DICKERSON	05/05/2001	05/10/2001	OPEN MRI, LLC	\$1,400.00	
TERRANCE DICKERSON	05/05/2001	05/10/2001	BIENVILLE ORTHO SPEC, PA	\$242.52	
TERRANCE DICKERSON	05/05/2001	05/11/2001	BIENVILLE ORTHO SPEC, PA	\$170.00	
TERRANCE DICKERSON	05/05/2001	05/14/2001	BIENVILLE ORTHO SPEC, PA	\$170.00	
TERRANCE DICKERSON	05/05/2001	05/16/2001	BIENVILLE ORTHO SPEC, PA	\$170.00	
TERRANCE DICKERSON	05/05/2001	05/21/2001	BIENVILLE ORTHO SPEC, PA	\$170.00	
TERRANCE DICKERSON	05/05/2001	05/23/2001	BIENVILLE ORTHO SPEC, PA	\$160.00	
BILLY CLAY	07/28/2001	07/30/2001	BIENVILLE ORTHO SPEC, PA	\$180.00	LF THUMB SPRAIN
TERRANCE BLACKWELL	06/05/2001	06/12/2001	BIENVILLE ORTHO SPEC, PA	\$620.00	GREATER TUBEROSITY FRACTURE
TERRANCE BLACKWELL	06/05/2001	06/19/2001	BIENVILLE ORTHO SPEC, PA	\$246.28	OF RT SHOULDER
TERRANCE BLACKWELL	06/05/2001	06/19/2001	OPEN MRI, LLC	\$1,400.00	
TERRANCE BLACKWELL	06/05/2001	07/03/2001	BIENVILLE ORTHO SPEC, PA	\$90.00	
TERRANCE BLACKWELL	06/05/2001	07/13/2001	HEALTHSOUTH HOLDINGS, INC	\$167.00	
TERRANCE BLACKWELL	06/05/2001	07/26/2001	HEALTHSOUTH HOLDINGS, INC	\$84.00	

EMPLOYEE	INJURED DAT	DATE OF SERVIC	VENDOR	\$ AMOUNT	INJURY
TERRENCE BLACKWELL	06/05/2001	7/27/01 & 8/1/01	HEALTHSOUTH HOLDINGS, INC	\$332.00	
TERRENCE BLACKWELL	06/05/2001	8/4, 8/6, & 8/8/01	HEALTHSOUTH HOLDINGS, INC	\$498.00	
TERRENCE BLACKWELL	06/05/2001	07/22/2001	THIRD PARTY SOLUTIONS	\$22.64	
CALVIN BOLTON	04/14/2001	04/16/2001	BIENVILLE ORTHO SPEC, PA	\$35.00	RT FIBULAR FRACTURE
CALVIN BOLTON	04/14/2001	04/16/2001	BIENVILLE ORTHO SPEC, PA	\$591.00	
CALVIN BOLTON	04/14/2001	05/07/2001	BIENVILLE ORTHO SPEC, PA	\$166.00	
CALVIN BOLTON	04/14/2001	05/07/2001	BIENVILLE ORTHO SPEC, PA	\$172.00	
CALVIN BOLTON	04/14/2001	05/21/2001	BIENVILLE ORTHO SPEC, PA	\$80.00	
JARVIS SPENCER			OPEN MRI, LLC	\$1,400.00	
RICHARD BROWNE	6/29/01	06/29/2001	BIENVILLE ORTHO SPEC, PA	\$103.00	
			TOTALS	\$154,344.86	



BIENVILLE ORTHO SPEC, PA	WILLIAM KEITH	\$247.00		
STU RAYBURN	\$5,843.00			
NICKY SEYMOUR	\$7,258.00			
EMMANUEL BENTLEY	\$15,754.00			
STACY WILSON	\$670.00			
TERRANCE WARE	\$156.00			
MARCUS HAYNES	\$108.00			
KEVIN HEARD	\$108.00			
TIMOTHY HARDWAY	\$809.00			
BOBBY DOYLE	\$450.52			
TERRANCE DICKERSON	\$1,511.52			
BILLY CLAY	\$180.00			
TERRANCE BLACKWELL	\$956.28			
CALVIN BOLTON	\$1,044.00			
RICHARD BROWNE	\$169.00			
TOTAL	\$35,264.32			
MOBILE MEDIC AMBULANCE SERVICE				
STU RAYBURN	\$510.50			
BILOXI REGIONAL MEDICAL CENTER				
STU RAYBURN	\$2,793.00			
NICKY SEYMOUR	\$16,511.90			
TOTAL	\$19,304.90			
OPEN MIR, LLC				
STU RAYBURN	\$1,650.00			
NICKY SEYMOUR	\$1,650.00			
EMMANUEL BENTLEY	\$3,300.00			
KEVIN HEARD	\$1,850.00			
BOBBY DOYLE	\$1,400.00			
TERRANCE DICKERSON	\$1,400.00			
TERRANCE BLACKWELL	\$1,400.00			
JARVIS SPENCER	\$1,400.00			
BILOXI OUTPATIENT SURGERY				
STU RAYBURN	\$11,872.00			
NICKY SEYMOUR	\$18,085.00			
EMMANUEL BENTLEY	\$27,728.00			
MARCUS HAYNES	\$2,260.00			
BIENVILLE ORTHO REHAB				
NICKY SEYMOUR	\$557.00			
EMMANUEL BENTLEY	\$11,134.00			
SUN COAST ANESTHESIA, P.A.				
NICKY SEYMOUR	\$1,068.00			
SUNBELT REHAB SYSTEM				
NICKY SEYMOUR	\$6,645.00			
TOTAL	\$6,645.00			

MISSISSIPPI FIREDOGS

DAVID E. FUTRELL, D.D.S. LAMONT WOODBERRY	\$1,272.00	TOTAL	\$1,272.00
ADVANCED MEDICAL SYSTEMS EMMANUEL BENTLEY	\$1,224.00	TOTAL	\$1,224.00
EYE ASSOCIATION OF THE SOUTH KEVIN HEARD	\$150.00	TOTAL	\$150.00
HEALTHSOUTH HOLDINGS, INC TERRENCE BLACKWELL	\$1,081.00	TOTAL	\$1,081.00
THIRD PARTY SOLUTIONS TERRENCE BLACKWELL	\$22.64	TOTAL	\$22.64
TERRY C. SMITH, M.D. KEVIN HEARD	\$230.00	TOTAL	\$230.00
GULF COAST MEDICAL CENTER EMMANUEL BENTLEY	\$1,256.50	TOTAL	\$1,256.50
THOMAS B. ZAKKAK, DDS STACY WILSON	\$360.00	TOTAL	\$360.00
CEDAR LAKE SURGERY CENTER JOHN NICKY SEYMOUR	\$270.00	TOTAL	\$270.00
GRAND TOTAL			\$154,344.86

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EMPLOYEE	INJURED DATE	DATE OF SERVICE	VENDOR	MOBILE SEAGULLS	\$ AMOUNT	INJURY
TOMMY AGUILAR	06/09/2001	06/14/2001	ALABAMA ORTHOPEDIC CLINIC		\$273.00	RT KNEE CONTUSION
STEVE DAVIS	04/14/2001	04/16/2001	ALABAMA ORTHOPEDIC CLINIC		\$165.00	LF KNEE MEDIAL COLLATERAL
STEVE DAVIS	04/14/2001	04/25/2001	ALABAMA ORTHOPEDIC CLINIC		\$1,100.00	LIGAMENT STRAIN
STEVE DAVIS	04/14/2001	04/20/2001	DJ ORTHOPEDICS		\$331.00	
STEVE DAVIS	04/14/2001	04/30/2001	ALABAMA ORTHOPEDIC CLINIC		\$43.00	
SAMUEL CAINE	05/19/2001	05/22/2001	ALABAMA ORTHOPEDIC CLINIC		\$126.00	MEDIAL POSTERIOR STRAIN OF LF ELBOW
SAMUEL CAINE	05/19/2001	06/05/2001	ALABAMA ORTHOPEDIC CLINIC		\$210.00	
SAMUEL CAINE	05/19/2001	06/22/2001	ALABAMA ORTHOPEDIC CLINIC		\$700.00	
TED COLEMAN	05/04/2001	05/10/2001	ALABAMA ORTHOPEDIC CLINIC		\$286.00	LF RIB CONTUSION
JUAN DRAINE	05/22/2001	06/01/2001	ALABAMA ORTHOPEDIC CLINIC		\$273.00	RT KNEE GRADE 1 MEL STRAIN
JUAN DRAINE	05/22/2001	06/14/2001	ALABAMA ORTHOPEDIC CLINIC		\$700.00	
JOHN FOURCADE	04/14/2001	04/18/2001	ALABAMA ORTHOPEDIC CLINIC		\$286.00	4/14 LF RIB CONTUSION
JOHN FOURCADE	05/12/2001	05/22/2001	ALABAMA ORTHOPEDIC CLINIC		\$411.00	5/12 DEGENERATIVE JOINT DISEASE OF BILATERAL
JOHN FOURCADE	07/07/2001	07/09/2001	ALABAMA ORTHOPEDIC CLINIC		\$255.00	KNEES & CONTUSION OF RT FOREARM
DOMINICKE HASTON	04/21/2001	04/21/2001	SPRINGHILL EMERGENCY PHY		\$581.00	LT ANKLE GRADE 3 SYNDESMOSIS DISRUPTION
DOMINICKE HASTON	04/21/2001	04/21/2001	SPRINGHILL MEMORIAL HOSPITAL		\$504.55	W/DIASTASES & MEDIAL MALLEOLAR FRACTURE
DOMINICKE HASTON	04/21/2001	04/23/2001	SPRINGHILL MEMORIAL HOSPITAL		\$5,445.32	
DOMINICKE HASTON	04/21/2001	04/23/2001	COASTAL ANESTHESIA PC		\$816.00	
DOMINICKE HASTON	04/21/2001	04/23/2001	DJ ORTHOPEDICS		\$253.00	
DOMINICKE HASTON	04/21/2001	04/23/2001	ALABAMA ORTHOPEDIC CLINIC		\$136.00	
DOMINICKE HASTON	04/21/2001	04/23/2001	ALABAMA ORTHOPEDIC CLINIC		\$3,002.00	
DOMINICKE HASTON	04/21/2001	04/26/2001	ALABAMA ORTHOPEDIC CLINIC		\$70.00	
DOMINICKE HASTON	04/21/2002	04/26/2002	DJ ORTHOPEDICS		\$33.00	
DOMINICKE HASTON	04/21/2001	05/03/2001	ALABAMA ORTHOPEDIC CLINIC		\$237.00	
DOMINICKE HASTON	04/21/2001	06/04/2001	ALABAMA ORTHOPEDIC CLINIC		\$73.00	
DOMINICKE HASTON	04/21/2001	06/25/2001	ALABAMA ORTHOPEDIC CLINIC		\$117.00	
DOMINICKE HASTON	04/21/2001	06/27/2001	ALABAMA ORTHOPEDIC CLINIC		\$194.00	
DOMINICKE HASTON	04/21/2001	06/29/2001	ALABAMA ORTHOPEDIC CLINIC		\$104.00	
DOMINICKE HASTON	04/21/2001	07/05/2001	ALABAMA ORTHOPEDIC CLINIC		\$86.00	
DOMINICKE HASTON	04/21/2001	07/02/2001	ALABAMA ORTHOPEDIC CLINIC		\$132.00	
DOMINICKE HASTON	04/21/2001	07/09/2001	ALABAMA ORTHOPEDIC CLINIC		\$124.00	
DOMINICKE HASTON	04/21/2001	07/11/2001	ALABAMA ORTHOPEDIC CLINIC		\$163.00	
DOMINICKE HASTON	04/21/2001	07/16/2001	ALABAMA ORTHOPEDIC CLINIC		\$125.00	
DOMINICKE HASTON	04/21/2001	07/23/2001	ALABAMA ORTHOPEDIC CLINIC		\$824.00	
DOMINICKE HASTON	04/21/2001	07/23/2001	SPRINGHILL MEMORIAL HOSPITAL		\$2,103.72	
DOMINICKE HASTON	04/21/2001	07/23/2001	COASTAL ANESTHESIA PC		\$336.00	
DOMINICKE HASTON	04/21/2001	07/30/2001	ALABAMA ORTHOPEDIC CLINIC		\$63.00	
DOMINICKE HASTON	04/21/2001	07/31/2001	ALABAMA ORTHOPEDIC CLINIC		\$149.00	
DOMINICKE HASTON	04/21/2001	08/03/2001	ALABAMA ORTHOPEDIC CLINIC		\$151.00	

EMPLOYEE	INJURED DATE	DATE OF SERVICE	VENDOR	\$ AMOUNT	INJURY
DOMINICKE HASTON	04/21/2001	08/07/2001	ALABAMA ORTHOPEDIC CLINIC	\$151.00	
DOMINICKE HASTON	04/21/2001	08/09/2001	ALABAMA ORTHOPEDIC CLINIC	\$151.00	
DOMINICKE HASTON	04/21/2001	08/13/2001	ALABAMA ORTHOPEDIC CLINIC	\$151.00	
DOMINICKE HASTON	04/21/2001	08/15/2001	ALABAMA ORTHOPEDIC CLINIC	\$150.00	
DOMINICKE HASTON	04/21/2001	08/17/2001	ALABAMA ORTHOPEDIC CLINIC	\$39.00	
DOMINICKE HASTON	04/21/2001	08/22/2001	ALABAMA ORTHOPEDIC CLINIC	\$168.00	
DOMINICKE HASTON	04/21/2001	08/27/2001	ALABAMA ORTHOPEDIC CLINIC	\$168.00	
DOMINICKE HASTON	04/21/2001	09/04/2001	ALABAMA ORTHOPEDIC CLINIC	\$255.00	
DOMINICKE HASTON	04/21/2001	09/05/2001	ALABAMA ORTHOPEDIC CLINIC	\$115.00	
DOMINICKE HASTON	04/21/2001	04/21/2001	SPRINGHILL DIAGNOSTIC	\$36.00	
DOMINICKE HASTON	04/21/2001	04/23/2001	SPRINGHILL DIAGNOSTIC	\$72.00	
DOMINICKE HASTON	04/21/2001	07/23/2001	SPRINGHILL DIAGNOSTIC	\$72.00	
DOMINICKE HASTON	05/27/2001	06/01/2001	ALABAMA ORTHOPEDIC CLINIC	\$344.00	RT SHOULDER CONTUSION
ALEX HOWELL	05/27/2001	06/01/2001	ALABAMA ORTHOPEDIC CLINIC	\$165.00	LF KNEE LATERAL MENISCUS TEAR & LF
ALEXIS LEE	04/21/2001	04/23/2001	ALABAMA ORTHOPEDIC CLINIC	\$331.00	KNEE EFFUSION
ALEXIS LEE	04/21/2001	04/24/2001	DJ ORTHOPEDICS	\$660.00	
ALEXIS LEE	04/21/2001	04/26/2001	ALABAMA ORTHOPEDIC CLINIC	\$50.00	
ALEXIS LEE	04/21/2001	05/03/2001	ALABAMA ORTHOPEDIC CLINIC	\$171.00	
ALEXIS LEE	04/21/2001	05/08/2001	ALABAMA ORTHOPEDIC CLINIC	\$146.00	
ALEXIS LEE	04/21/2001	05/09/2001	ALABAMA ORTHOPEDIC CLINIC	\$111.00	
ALEXIS LEE	04/21/2001	05/10/2001	ALABAMA ORTHOPEDIC CLINIC	\$146.00	
ALEXIS LEE	04/21/2001	05/14/2001	ALABAMA ORTHOPEDIC CLINIC	\$146.00	
ALEXIS LEE	4/21/2001	05/16/2001	ALABAMA ORTHOPEDIC CLINIC	\$181.00	
ALEXIS LEE	04/21/2001	05/21/2001	ALABAMA ORTHOPEDIC CLINIC	\$148.00	
ALEXIS LEE	04/21/2001	05/23/2001	ALABAMA ORTHOPEDIC CLINIC	\$52.00	
ALEXIS LEE	04/21/2001	05/24/2001	ALABAMA ORTHOPEDIC CLINIC	\$111.00	
ALEXIS LEE	04/21/2001	05/24/2001	ALABAMA ORTHOPEDIC CLINIC	\$148.00	
ALEXIS LEE	4/21/2001	05/29/2001	ALABAMA ORTHOPEDIC CLINIC	\$52.00	
ALEXIS LEE	04/21/2001	06/04/2001	ALABAMA ORTHOPEDIC CLINIC	\$259.00	
ALEXIS LEE	04/21/2001	05/02/2001	THIRD PARTY SOLUTIONS	\$21.63	ACL TEAR RT KNEE -NEED SURGERY
JOHN MCCORVEY	04/28/2001	05/02/2001	ALABAMA ORTHOPEDIC CLINIC	\$275.00	
JOHN MCCORVEY	04/26/2001	05/02/2001	ALABAMA ORTHOPEDIC CLINIC	\$284.00	
JOHN MCCORVEY	04/28/2001	05/23/2002	SPRINGHILL DIAGNOSTIC	\$52.00	
JOHN MCCORVEY	04/28/2001	05/24/2001	ALABAMA ORTHOPEDIC CLINIC	\$273.00	RT KNEE MEDIAL COLLATERAL
RONALD MABINS	05/04/2001	06/20/2001	ALABAMA ORTHOPEDIC CLINIC	\$1,100.00	LIGAMENT SPRAIN GRADE 3
RONALD MABINS	05/04/2001	06/27/2001	ALABAMA ORTHOPEDIC CLINIC	\$165.00	
RONALD MABINS	05/04/2001	05/07/2001	ALABAMA ORTHOPEDIC CLINIC	\$125.00	
RONALD MABINS	05/04/2001	05/09/2001	ALABAMA ORTHOPEDIC CLINIC	\$112.00	CONTUSION OF RT SHOULDER & STRAIN AC JOINT
JAMES MATTHEWS	04/14/2001	04/16/2001	ALABAMA ORTHOPEDIC CLINIC	\$160.00	RT KNEE MCL STRAIN
RAYMOND NOBLES	05/22/2001	07/02/2001	ALABAMA ORTHOPEDIC CLINIC	\$26.40	RADIAL & AC SEPARATION/STRAIN OF RT
TIM TAYLOR	04/03/2001	04/10/2001	THIRD PARTY SOLUTIONS		

EMPLOYEE	INJURED DATE	DATE OF SERVICE	VENDOR	\$ AMOUNT	INJURY	
TIM TAYLOR	04/03/2001	04/10/2001	ALABAMA ORTHOPEDIC CLINIC	\$226.00	SHOULDER	
TIM TAYLOR	04/03/2001	04/17/2001	ALABAMA ORTHOPEDIC CLINIC	\$43.00		
RONNIE THOMPSON	05/08/2001	05/09/2001	ALABAMA ORTHOPEDIC CLINIC	\$226.00	GRADE 3 AC SEPARATION OF LT SHOULDER	
RONNIE THOMPSON	05/08/2001		ALABAMA ORTHOPEDIC CLINIC	\$200.00		
STEPHEN RUCKMAN	05/27/2001	06/04/2001	THIRD PARTY SOLUTIONS	\$193.06	RT HAND #1 DISLOCATION OF PIPJOINT	
STEPHEN RUCKMAN	05/27/2001	06/04/2001	ALABAMA ORTHOPEDIC CLINIC	\$255.00	#2 BOUTONNIERE DEFORMITY	
STEPHEN RUCKMAN	05/27/2001	06/04/2001	ALABAMA ORTHOPEDIC CLINIC	\$138.00	#3 FRACTURE OF MIDDLE FRAGMENTS	
STEPHEN RUCKMAN	05/27/2001	06/05/2001	ALABAMA ORTHOPEDIC CLINIC	\$39.00		
WILLIAM JAMES	04/03/2001	04/09/2001	ALABAMA ORTHOPEDIC CLINIC	\$157.00	SHOULDER STRAIN	
WILLIAM JAMES	05/19/2001	05/22/2001	ALABAMA ORTHOPEDIC CLINIC	\$239.00		
WILLIAM JAMES	05/19/2001	06/06/2001	USA MEDICAL CENTER	\$9,127.50	SOFT TISSUE TO LF SHOULDER & LF GROIN	
WILLIAM JAMES	05/19/2001	06/06/2001	USA HEALTH SERVICES FOUNDATION	\$900.00	HAD SURGERY	
WILLIAM JAMES	04/03/2001	04/16/2001	ALABAMA ORTHOPEDIC CLINIC	\$75.00		
WILLIAM JAMES	05/19/2001	06/03/2001	USA HEALTH SERVICES FOUNDATION	\$70.00		
			TOTALS	\$40,213.18		



## MOBILE SEAGULLS

ALABAMA ORTHOPEDICS	TOMMY AGUILAR	\$273.00		
	STEVE DAVIS	\$1,308.00		
	SAMUEL CAINE	\$1,036.00		
	TED COLEMAN	\$286.00		
	JUAN DRAINE	\$973.00		
	JOHN FOURCADE	\$952.00		
	DONINICKE HASTON	\$7,098.00		
	ALEX HOWELL	\$344.00		
	ALEXIS LEE	\$2,546.00		
	JOHN MCCORVEY	\$327.00		
	RONALD MABINS	\$1,663.00		
	JAMES MATTHEWS	\$112.00		
	RAYMOND NOBLES	\$160.00		
	TIM TAYLOR	\$269.00		
	RONNIE THOMPSON	\$426.00		
	STEPHEN RUCKMAN	\$432.00		
	WILLIAM JAMES	\$471.00		
	TOTAL	\$18,676.00		
DJ ORTHOPEDICS	STEVE DAVIS	\$331.00		
	DONINICKE HASTON	\$286.00		
	ALEXIS LEE	\$331.00		
SPRINGHILL EMERGENCY PHYSICIAN	DONINICKE HASTON	\$581.00		
SPRINGHILL MEMORIAL HOSPITAL	DONINICKE HASTON	\$8,053.59		
COASTAL ANESTHESIA PC	DONINICKE HASTON	\$1,152.00		
SPRINGHILL DIAGNOSTIC	DONINICKE HASTON	\$180.00		
	JOHN MCCORVEY	\$284.00		
THIRD PARTY SOLUTIONS	JOHN MCCORVEY	\$21.63		
	TIM TAYLOR	\$26.40		
	STEPHEN RUCKMAN	\$193.06		
USA MEDICAL CENTER	WILLIAM JAMES	\$9,127.50		
USA HEALTH SERVICES FOUNDATION	WILLIAM JAMES	\$970.00		
	TOTAL	\$970.00		

GRAND TOTAL \$40,213.18

EMPLOYEE	INJURED DATE	DATE OF SERVICE	VENDOR	\$ AMOUNT	INJURY
RAPID CITY RED DOGS					
TERRANCE BRYANT	04/24/2001	04/27/2001	BLACK HILLS SURGERY CTR	\$1,467.90	STOMACH PAIN
TERRANCE BRYANT	04/24/2001	05/04/2001	HEALTHSOUTH MED CLINIC	\$125.00	
ROBERT CARROLL	06/03/2001	07/09/2001	HEALTHSOUTH REHABILITATION	\$93.80	LF KNEE INJURY
CEDDRICK CUMMINGS	07/16/2001	07/17/2001	BLACK HILLS ORTHO & SPINE CENTER	\$50.00	GRADE 1 MCL STRAIN LF KNEE
FRANK ESCOBAR	03/22/2001	03/28/2001	HEALTHSOUTH MED CLINIC	\$56.00	LF KNEE HAMSTRING SPRAIN
FRANK ESCOBAR	03/22/2001	3/28, 3/29, 3/30	HEALTHSOUTH HOLDINGS, INC.	\$301.00	
FRANK ESCOBAR	03/22/2001	3/28 - 4/10/01	HEALTHSOUTH HOLDINGS, INC.	\$306.00	
FRANK ESCOBAR	03/22/2001	4/2 - 4/4/01	HEALTHSOUTH HOLDINGS, INC.	\$354.00	
CHRISTOPHER EVANS	04/11/2001	04/11/2001	BLACK HILLS SURGERY CTR	\$752.85	LF KNEE ACL TEAR
CHRISTOPHER EVANS	04/11/2001	04/11/2001	RADIOLOGY ASSOCIATES, PRO	\$186.60	
CHRISTOPHER EVANS	04/11/2001	04/12/2001	BLACK HILLS ORTHO & SPINE CENTER	\$78.75	
CHRISTOPHER EVANS	04/11/2001	05/08/2001	BLACK HILLS ORTHO & SPINE CENTER	\$4,367.00	
CHRISTOPHER EVANS	04/11/2001	05/08/2001	ANESTHESIA SOLUTIONS, PC	\$225.00	
CHRISTOPHER EVANS	04/11/2001	05/08/2001	ANESTHESIA SOLUTIONS, PC	\$1,125.00	
CHRISTOPHER EVANS	04/11/2001	05/08/2001	BLACK HILLS SURGERY CTR	\$5,129.40	
CHRISTOPHER EVANS	04/11/2001	05/11/2001	HEALTHSOUTH HOLDINGS, INC.	\$180.00	
CHRISTOPHER EVANS	04/11/2001	5/14, 5/18, 5/21, 5/24	HEALTHSOUTH HOLDINGS, INC.	\$392.00	
CHRISTOPHER EVANS	04/11/2001	05/31/2001	HEALTHSOUTH HOLDINGS, INC.	\$116.00	
ALFRED EVERETT	06/30/2001	07/16/2001	BLACK HILLS SURGERY CTR	\$752.85	LF KNEE ACL TEAR & SMALL RADIAL
ALFRED EVERETT	06/30/2001	08/02/2001	BLACK HILLS SURGERY CTR	\$7,040.55	TEAR, LATERAL MENISCUS
ALFRED EVERETT	06/30/2001	08/02/2001	ANESTHESIA SOLUTIONS, PC	\$1,275.00	
ALFRED EVERETT	06/30/2001	08/01/2001	BLACK HILLS ORTHO & SPINE CENTER	\$50.00	
ALFRED EVERETT	06/30/2001	08/01/2001	BLACK HILLS ORTHO & SPINE CENTER	\$96.00	
ALFRED EVERETT	06/30/2001	07/16/2001	BLACK HILLS ORTHO & SPINE CENTER	\$74.25	
ALFRED EVERETT	06/30/2001	08/02/2001	BLACK HILLS ORTHO & SPINE CENTER	\$6,339.90	
ALFRED EVERETT	06/30/2001	08/03/2001	MERSCO MEDICAL RAPID CITY	\$133.00	
ADAM HICKS	05/26/2001	06/07/2001	BLACK HILLS SURGERY CTR	\$752.85	SMALL KNEE EFFUSION
ADAM HICKS	05/26/2001	06/07/2001	RADIOLOGY ASSOCIATES, PRO	\$186.60	
J.B. FLOWERS	03/23/2001	03/23/2001	BLACK HILLS ORTHO & SPINE CENTER	\$1,593.00	LF RING FINGER DISLOCATED
J.B. FLOWERS	03/23/2001	03/23/2001	RB ALLEN MD	\$270.00	
J.B. FLOWERS	03/23/2001	03/29/2001	HEALTHSOUTH HOLDINGS, INC.	\$163.00	
DANIEL MACIEJCZAK	04/07/2001	04/12/2001	BLACK HILLS ORTHO & SPINE CENTER	\$55.50	LF RING RINGER SPRAIN
DANIEL MACIEJCZAK	05/17/2001	5/22/01	BLACK HILLS SURGERY CTR	\$752.85	LF DEGENERATIVE ARTHRITIS OF
DANIEL MACIEJCZAK	05/17/2001	05/24/2001	BLACK HILLS ORTHO & SPINE CENTER	\$50.00	KNEE
DANIEL MACIEJCZAK	05/17/2001	05/25/2001	ANESTHESIA SOLUTIONS, PC	\$525.00	RT LOWER LEG CONTUSION
DANIEL MACIEJCZAK	05/17/2001	05/25/2001	BLACK HILLS ORTHO & SPINE CENTER	\$1,972.00	W/SWELLING & CELLUTIS
DANIEL MACIEJCZAK	05/17/2001	05/25/2001	BLACK HILLS SURGERY CTR	\$2,664.81	
DANIEL MACIEJCZAK	06/09/2001	06/12/2001	BLACK HILLS ORTHO & SPINE CENTER	\$50.00	
DANIEL MACIEJCZAK	05/17/2001	07/03/2001	BLACK HILLS ORTHO & SPINE CENTER	\$50.00	

EMPLOYEE	INJURED DATE	DATE OF SERVICE	VENDOR	\$ AMOUNT	INJURY
DANIEL MACIEJCZAK	06/09/2001	08/02/2001	BLACK HILLS ORTHO & SPINE CENTER	\$50.00	
DANIEL MACIEJCZAK	06/09/2001	09/13/2001	BLACK HILLS ORTHO & SPINE CENTER	\$50.00	
DANIEL MACIEJCZAK	04/07/2001	4/01 - 7/01	HEALTHSOUTH REHABILITATION	\$4,875.00	
DANIEL MACIEJCZAK	04/07/2001	03/05/2002	BLACK HILLS ORTHO & SPINE CENTER	\$50.00	RT GROIN STRAIN
MARCUS MCKINLEY	04/23/2001	04/25/2001	HEALTHSOUTH MEDICAL CLINIC	\$76.00	
MARCUS MCKINLEY	04/23/2001	05/10/2001	HEALTHSOUTH MEDICAL CLINIC	\$56.00	
BRIAN MILLS	06/02/2001	06/07/2001	RADIOLOGY ASSOCIATES, PRO	\$186.60	LF KNEE COMPLEX LATERAL
BRIAN MILLS	06/02/2001	06/07/2001	BLACK HILLS SURGERY CTR	\$752.85	MENISCUS TEAR/HAD SURGERY
BRIAN MILLS	06/02/2001	06/11/2001	ANESTHESIA SOLUTIONS, PC	\$525.00	
BRIAN MILLS	06/02/2001	06/11/2001	BLACK HILLS ORTHO & SPINE CENTER	\$1,972.00	
BRIAN MILLS	06/02/2001	06/11/2001	BLACK HILLS SURGERY CTR	\$2,873.82	
MARIO PATTON	07/05/2001	07/06/2001	BLACK HILLS ORTHO & SPINE CENTER	\$71.50	RT FOOT INJURED
KYLE SIRES	04/14/2001	04/19/2001	BLACK HILLS ORTHO & SPINE CENTER	\$78.75	RT KNEE STRAIN & BILATERAL
KYLE SIRES	04/14/2001	06/07/2001	BLACK HILLS ORTHO & SPINE CENTER	\$183.00	WRIST STRAIN
THOMAS SKOOG	06/02/2001	06/04/2001	HEALTHSOUTH MEDICAL CLINIC	\$120.00	LF KNEE CONTUSION
RYAN SPEED	05/17/2001	05/18/2001	RADIOLOGY ASSOCIATES, PRO	\$186.60	COMPLETE TEAR POSTERIOR HORN
RYAN SPEED	05/17/2001	05/18/2001	BLACK HILLS SURGERY CTR	\$752.85	MEDIAL MENISCUS LF KNEE
RYAN SPEED	05/17/2001	06/19/2001	BLACK HILLS ORTHO & SPINE CENTER	\$1,972.00	HAS SURGERY
RYAN SPEED	05/17/2001	06/19/2001	ANESTHESIA SOLUTIONS, PC	\$525.00	
RYAN SPEED	05/17/2001	06/28/2001	BLACK HILLS SURGERY CTR	\$2,666.90	
ROBERT THEUS	04/25/2001	04/25/2001	HEALTHSOUTH MEDICAL CLINIC	\$125.00	SPRAIN LF 5TH FINGER
CASEY VEENHOF	04/28/2001	05/11/2001	BLACK HILLS ORTHO & SPINE CENTER	\$53.75	
CASEY VEENHOF	04/28/2001	05/11/2001	HEALTHSOUTH MEDICAL CLINIC	\$165.00	
VERNA OWENS	04/25/2002	04/25/2002	HEALTHSOUTH MEDICAL CLINIC	\$20.00	
SOLOMON WITHERSPOO	05/01/2001	05/01/2001	HEALTHSOUTH MEDICAL CLINIC	\$135.00	5/1 RT HAND CONTUSION
SOLOMON WITHERSPOO	06/02/2001	07/02/2001	HEALTHSOUTH MEDICAL CLINIC	\$143.00	6/2 RT ANKLE SPRAIN
			TOTALS	\$58,819.08	

BLACK HILLS SURGERY CENTER	\$1,467.90		
TERRENCE BRYANT	\$5,882.25		
CHRISTOPHER EVANS	\$7,793.40		
ALFRED EVERETT	\$752.85		
ADAM HICKS	\$3,417.66		
DANIEL MACIEJCZAK	\$3,626.67		
BRIAN MILLS	\$3,419.75		
RYAN SPEED			
HEALTHSOUTH MEDICAL CLINIC			
TERRANCE BRYANT	\$125.00		
FRANK ESCOBAR	\$56.00		
MARCUS MCKINLEY	\$132.00		
THOMAS SKOOG	\$120.00		
ROBERT THEUS	\$125.00		
CASEY VEENHOF	\$165.00		
SOLOMON WITHERSPOON	\$278.00		
VERNA OWENS	\$20.00		
HEALTHSOUTH REHABILITATION			
DANIEL MACIEJCZAK	\$4,875.00		
ROBERT CARROLL	\$93.80		
BLACK HILLS ORTHO & SPINE CENTER			
CEDDRICK CUMMINGS	\$50.00		
CHRISTOPHER EVANS	\$4,445.75		
ALFRED EVERETT	\$6,560.15		
J.B. FLOWERS	\$1,593.00		
DANIEL MACIEJCZAK	\$2,327.50		
BRIAN MILLS	\$1,972.00		
MARIO PATTON	\$71.50		
KYLE SIRES	\$261.75		
RYAN SPEED	\$1,972.00		
CASEY VEENHOF	\$53.75		
HEALTHSOUTH HOLDINGS, INC.			
FRANK ESCOBAR	\$961.00		
CHRISTOPHER EVANS	\$688.00		
J.B. FLOWERS	\$163.00		
HEALTHSOUTH ASSOCIATES, PRO			
CHRISTOPHER EVANS	\$186.60		
ADAM HICKS	\$186.60		
BRIAN MILLS	\$186.60		
RYAN SPEED	\$186.60		
TOTAL	\$746.40		
TOTAL	\$1,812.00		
TOTAL	\$19,307.40		
TOTAL	\$4,968.80		
TOTAL	\$1,021.00		
TOTAL	\$26,360.48		

RAPID CITY RED DOGS

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RAPID CITY RED DOGS

ANESTHESIA SOLUTIONS, PC  
CHRISTOPHER EVANS  
ALFRED EVERETT  
DANIEL MACIEJCZAK  
BRIAN MILLS  
RYAN SPEED  
RB ALLEN, MD  
J.B. FLOWERS  
MERSCO MEDICAL RAPID CITY  
ALFRED EVERETT

\$1,350.00	TOTAL	\$4,200.00
\$1,275.00	TOTAL	\$270.00
\$525.00	TOTAL	\$133.00
\$525.00		
\$525.00		
\$525.00		
\$133.00	TOTAL	\$58,819.08
	GRAND TOTAL	

EMPLOYEE	INJURED DAT	DATE OF SERVICE	SIOUX CITY BANDITS		\$ AMOUNT	INJURY
			VENDOR			
KIP KIESO	05/12/2001	05/22/2001	SIOUXLAND ORTHO. & SPORT MED		\$185.00	LEFT 1ST MTP TURF TOE & PLANTAR FLEXION SPRAIN.
JASON GRAHAM	05/04/2001	05/07/2001	RAYMOND M. SHERMAN MD		\$75.00	RT KNEE-GRADE II,MCL TEAR
JASON GRAHAM	06/10/2001	05/16/2001	RAYMOND M. SHERMAN MD		\$75.00	WILL NEED SURGERY
JASON GRAHAM	05/04/2001	06/19/2001	RAYMOND M. SHERMAN MD		\$102.00	
JASON GRAHAM	05/04/2001	07/09/2001	RAYMOND M. SHERMAN MD		\$126.00	
JASON GRAHAM	05/04/2001	08/06/2001	RAYMOND M. SHERMAN MD		\$75.00	
JASON GRAHAM	05/04/2001	08/31/2001	RAYMOND M. SHERMAN MD		\$2,329.00	
JASON GRAHAM	05/04/2001		ST. LUKES REGIONAL MED CENTER		\$952.45	
JASON GRAHAM	05/04/2001	05/17/2001	RAYMOND M. SHERMAN MD		\$289.00	
JASON GRAHAM	05/04/2001	04/08/2002	RAYMOND M. SHERMAN MD		\$144.00	
JASON GRAHAM	05/04/2001	04/25/2002	RAYMOND M. SHERMAN MD		\$7,591.00	
JASON GRAHAM	05/04/2001	04/25/2002	REED BARTON MCGILL PA		\$1,294.00	
JASON GRAHAM	05/04/2001	04/25/2002	ST LUKES REGIONAL MEDICAL		\$12,491.35	
JASON GRAHAM	05/04/2001	05/02/2002	RAYMOND M. SHERMAN MD		\$69.00	
JASON GRAHAM	05/04/2001	03/11/2002	RAYMOND M. SHERMAN MD		\$358.00	
ODYSEI WILRIDGE	05/01/2001	06/07/2001	SIOUXLAND ORTHO. & SPORT MED		\$108.00	RT ELBOW-RT OLECRANON BURSTITIS
ODYSEI WILRIDGE	05/01/2001	05/24/2001	SIOUXLAND ORTHO. & SPORT MED		\$163.00	
JESSE WAVRUNEK	05/04/2001	07/31/2001	SIOUXLAND ORTHO. & SPORT MED		\$53.90	LEFT ANKLE-SOFT TISSUE INJURY
JESSE WAVRUNEK	05/04/2001	05/07/2001	SIOUXLAND ORTHO. & SPORT MED		\$71.00	
ERVIN WHITEHEAD	04/28/2001	04/30/2001	SIOUXLAND ORTHO. & SPORT MED		\$52.00	LEFT HAND-4TH MCP JOINT HYPERTENSION INJURY
ANTHONY WORDEN	03/23/2001	07/30/2001	ST. LUKE HOME MEDICAL SUPPLY		\$50.15	LEFT LITTLE FINGER-INJURED DURING PRACTICE
ANTHONY WORDEN	03/23/2001	03/24/2001	ST. LUKE REGIONAL MEDICAL CTR		\$394.28	
ANTHONY WORDEN	03/23/2001	5-1-01 & 5-3-01	ST. LUKE'S REHAB SERVICES		\$263.00	
ANTHONY WORDEN	03/23/2001	05/07/2001	ST. LUKE'S REHAB SERVICES		\$13.40	
ANTHONY WORDEN	03/23/2001	5-9-01 & 5-14-01	ST. LUKE'S REHAB SERVICES		\$272.00	
ANTHONY WORDEN	03/23/2001	5/7/01 & 5/9/01	ST. LUKE'S REHAB SERVICES		\$312.00	
ANTHONY WORDEN	03/23/2001	5-10-01 & 5-15-01	ST. LUKE'S REHAB SERVICES		\$263.00	
ANTHONY WORDEN	03/23/2001	5-21-01 & 5-30-01	ST. LUKE'S REHAB SERVICES		\$202.00	
ANTHONY WORDEN	03/23/2001	05/11/2001	ST. LUKE'S REHAB SERVICES		\$12.93	
ERWIN STROHBEEN	01/11/2001	04/03/2001	SIOUXLAND ORTHO. & SPORT MED		\$114.00	LEFT SHOULDER BURSTITIS
ERWIN STROHBEEN	01/11/2001	07/24/2001	SIOUXLAND ORTHO. & SPORT MED		\$255.00	
ANTHONY SIMMONS	05/04/2001	05/04/2001	ST LUKE'S EMERGENCY ROOM		\$165.00	LEFT SHOULDER DISLOCATION
ANTHONY SIMMONS	05/04/2001	05/16/2001	MEMORIAL HOSP. OF CONVERSE		\$2,041.00	
ANTHONY SIMMONS	05/04/2001	07/08/2001	ST. LUKE'S REGIONAL MED CTR		\$192.27	RT KNEE ARTHROSCOPIC
JEFF KERNS	05/04/2001	6-6-01 & 6-7-01	MERCY MEDICAL CENTER		\$3,390.35	SUSPECTED, ALSO WITH A MEDIAL MENISCAL TEAR
JEFF KERNS	05/04/2001	06/07/2001	SIOUX PATH		\$20.00	
JEFF KERNS	05/04/2001	06/06/2001	MERCY MEDICAL CENTER		\$3,370.35	
JEFF KERNS	05/04/2001	05/08/2001	MEDICAL IMAGING PHYSICIANS		\$252.00	

EMPLOYEE	INJURED DATE	DATE OF SERVICE	VENDOR	\$ AMOUNT	INJURY
JEFF KERNS	05/04/2001	06/06/2001	KEVIN J LIUDAL MD	\$902.00	
JEFF KERNS	05/04/2001	05/08/2001	ST. LUKE'S REGIONAL MEDICAL	\$1,017.25	
JEFF KERNS	05/04/2001	06/14/2001	NATIONAL DME, INC.	\$1,050.00	
JEFF KERNS	05/04/2001	06/06/2001	MARIAN HEALTH ANESTHESIA	\$588.00	
DONTAE JONES	04/19/2001	4/26, 4/30, & 5/2	PHYSICAL THERAPY SPECIALIST	\$380.00	DISLOCATED SHOULDER
DONTAE JONES	04/19/2001	05/04/2001	PHYSICAL THERAPY SPECIALIST	\$85.00	
DONTAE JONES	04/19/2001	05/10/2001	SIouxLAND ORTHO. & SPORT MED	\$75.00	
GARY GREEN	04/14/2001	4-25-01 & 4-27-01	PHYSICAL THERAPY SPECIALIST	\$245.00	RT 5TH FINGER-FRACTURE
GARY GREEN	03/24/2001	03/29/2001	SIouxLAND ORTHO. & SPORT MED	\$55.00	PCL STRAIN IN RT KNEE
GARY GREEN	04/14/2001	05/04/2001	SIouxLAND ORTHO. & SPORT MED	\$75.00	
GARY GREEN	03/24/2001	04/17/2001	SIouxLAND ORTHO. & SPORT MED	\$130.00	
GARY GREEN	03/24/2001	04/17/2001	ST. LUKE'S REGIONAL MEDICAL	\$952.45	
FOTO TAAU	04/14/2001	07/09/2001	RAYMOND M. SHERMAN MD	\$75.00	KNEE-TORN MEDIAL OR ARTICULAR DAMAGE
FOTO TAAU	04/14/2001	07/20/2001	ANESTHESIA CONSULTANTS PC	\$330.00	TO MEDIAL COMPARTMENT
FOTO TAAU	04/14/2001	07/20/2001	RAYMOND M. SHERMAN MD	\$2,152.00	
FOTO TAAU	04/14/2001	07/20/2001	ST LUKES REGIONAL MEDICAL	\$2,262.88	
FOTO TAAU	04/14/2001	07/20/2001	PATHOLOGY MEDICAL SERVICES OF SIOUXLAND	\$100.00	
JON ELDER	05/20/2001	06/10/2001	ST. LUKE'S HOME MEDICAL SUPPLY	\$72.09	RT KNEE EFFUSION, ACUTE OR CHRONIC
JON ELDER	05/20/2001	06/18/2001	SIouxLAND ORTHO. & SPORT MED	\$240.00	ACL INSTABILITY
JERRY DAVIS	01/01/2001	06/18/2001	SIouxLAND ORTHO. & SPORT MED	\$151.00	RT ELBOW POST TRAUMATIC
JERRY DAVIS	01/01/2001	05/16/2001	SIouxLAND ORTHO. & SPORT MED	\$66.00	OLECRANON BURSITIS
ERIC DAVIDSON	04/14/2001	05/14/2001	SIouxLAND ORTHO. & SPORT MED	\$141.00	ACUTE SYNOVITIS RT 1ST METATARSal (TOE)
ERIC DAVIDSON	04/07/2001	04/09/2001	PHYSICAL THERAPY SPECIALIST	\$145.00	PHALANGEAL JOINT (LF ELBOW)
PAUL DACRES	05/14/2001	05/14/2001	SIouxLAND ORTHO. & SPORT MED	\$55.00	X-RAY RT THUMB
SHELTON BROWN	03/24/2001	03/26/2001	SIouxLAND ORTHO. & SPORT MED	\$177.00	LF KNEE-LATERAL MENISCAL TEAR
RODNEY BOYKIN		03/26/2001	SIouxLAND ORTHO. & SPORT MED	\$75.00	X-RAY ON KNEE
PHILIP WILSON	04/14/2001	5-10-01 & 5-16-01	PHYSICAL THERAPY SPECIALIST	\$245.00	RT ACHILLES TENDON TEAR
PHILIP WILSON	04/14/2001	04/16/2001	MERCY SAME DAY SURGERY	\$1,766.00	
PHILIP WILSON	04/16/2001	04/16/2001	MERCY MEDICAL CENTER	\$3,149.36	
ZACHARY MATHERS	04/07/2001	4/26 - 7/23	CENTER FOR NEUROSCIENCES	\$2,445.00	
ZACHARY MATHERS	04/07/2001	06/27/2001	MERCY MEDICAL ANESTHESIA SERV	\$1,029.00	
CARL REINHARDT		09/24/2001	RAYMOND M. SHERMAN MD	\$ 75.00	
CARL REINHARDT		06/15/2001	KEVIN J LIUDAL MD	\$ 75.00	
CARL REINHARDT		08/10/2001	RAYMOND M. SHERMAN MD	\$ 2,152.00	
			TOTALS	\$60,719.46	

SIOUXLAND ORTHO & SPORT MEDICINE CENTER	KIP KIESO	\$185.00		
	ODYSEI WILDRIDGE	\$271.00		
	JESSE WAVRNEK	\$124.90		
	ERVIN WHITEHEAD	\$52.00		
	ERWIN STROHBEE	\$369.00		
	DONTAE JONES	\$75.00		
	GARY GREEN	\$260.00		
	JON ELDER	\$240.00		
	JERRY DAVIS	\$217.00		
	ERIC DAVIDSON	\$141.00		
	PAUL DACRES	\$55.00		
	SHELTON BROWN	\$177.00		
	RODNEY BOYKIN	\$75.00		
TOTAL		\$2,241.90		
RAYMOND M. SHERMAN, MD	CARL REINHARDT	\$2,227.00		
	JASON GRAHAM	\$11,233.00		
	FOTO TAUVA	\$2,227.00		
ST. LUKE'S REGIONAL MEDICAL CENTER	JASON GRAHAM	\$13,443.80		
	ANTHONY WORDEN	\$394.28		
	ANTHONY SIMMONS	\$192.27		
	GARY GREEN	\$952.45		
	JEFF KERNS	\$1,017.25		
	FOTO TAUVA	\$2,262.88		
ST. LUKE'S HOME MEDICAL SUPPLY	ANTHONY WORDEN	\$50.15		
	JON ELDER	\$72.09		
ST. LUKE'S REHAB SERVICES	ANTHONY WORDEN	\$1,338.33		
	TOTAL	\$1,338.33		
ST. LUKE'S EMERGENCY ROOM	ANTHONY SIMMONS	\$165.00		
	TOTAL	\$165.00		
MEMORIAL HOSPITAL OF CONVERSE	ANTHONY SIMMONS	\$2,041.00		
	TOTAL	\$2,041.00		
MERCY MEDICAL CENTER	JEFF KERNS	\$6,760.70		
	PHILIP WILSON	\$3,149.36		
	TOTAL	\$9,910.06		
SIOUX PATH	JEFF KERNS	\$20.00		
	TOTAL	\$20.00		

SIOUX CITY BANDITS

JEFF KERNS	\$252.00	TOTAL	\$252.00
KEVIN J. LIUDAL, MD CARL REINHARDT JEFF KERNS	\$75.00 \$902.00	TOTAL	\$977.00
NATIONAL DME, INC. JEFF KERNS	\$1,050.00	TOTAL	\$1,050.00
MARIAN HEALTH ANESTHESIA JEFF KERNS	\$588.00	TOTAL	\$588.00
PHYSICAL THERAPY SPECIALIST DONTAE JONES GARY GREEN ERIC DAVIDSON PHILIP WILSON	\$465.00 \$245.00 \$145.00 \$245.00	TOTAL	\$1,100.00
ANESTHESIA CONSULTANTS, PC FOTO TAU	\$330.00	TOTAL	\$330.00
MERCY SAME DAY SURGERY PHILIP WILSON	\$1,766.00	TOTAL	\$1,766.00
MERCY MEDICAL ANESTHESIA SERVICES ZACHARY MATHERS	\$1,029.00	TOTAL	\$1,029.00
CENTER FOR NEUROSCIENCES ZACHARY MATHERS	\$2,445.00	TOTAL	\$2,445.00
REED BARTON MCGILL, PA JASON GRAHAM	\$1,294.00	TOTAL	\$1,294.00
PATHOLOGY MEDICAL SERVICES OF SIOUXLAND FOTO TAU	\$100.00	TOTAL	\$100.00
GRAND TOTAL			\$60,719.46

Stour City Bandits Pg. 2



EMPLOYEE	INJURED DATE	SIOUX FALL STORM			\$ AMOUNT	INJURY
		DATE OF SERVICE	VENDOR			
CHAD GOMARKO	06/09/2001	06/11/2001	ORTHOPEDIC INSTITUTE		\$436.00	LF KNEE GRADE 1 MCL SPRAIN
MICHAEL HUNTER	06/09/2001	06/11/2001	ORTHOPEDIC INSTITUTE		\$61.00	RT ANKLE DELTOID LIGAMENT SPRAIN
MICHAEL HUNTER	06/09/2001	06/11/2001	ORTHOPEDIC INSTITUTE		\$307.00	
DONALD HILSENROT	06/09/2001	06/13/2001	MCGREEVY CLINIC		\$169.00	?
JIM BEAN	06/06/2001	07/06/2001	MCGREEVY CLINIC		\$75.00	LF HEAL APOPHYSISTIS
AKIN STERNE	5/19/2001	06/29/2001	MCGREEVY CLINIC		\$62.00	LF HAND ABRASION W/SOME CELLULITIS
AKIN STERNE	05/19/2001	05/21/2001	MCGREEVY CLINIC		\$110.00	
SHAWN BAUER	04/14/2001	04/15/2001	MCGREEVY CLINIC		\$235.00	RT WRIST FRACTURE
SHAWN BAUER	04/14/2001	04/18/2001	ORTHOPEDIC INSTITUTE		\$1,135.80	
SHAWN BAUER	04/14/2001	04/25/2001	ORTHOPEDIC INSTITUTE		\$304.80	
SHAWN BAUER	04/14/2001	05/01/2001	ORTHOPEDIC INSTITUTE		\$206.80	
SHAWN BAUER	04/14/2001	05/30/2001	ORTHOPEDIC INSTITUTE		\$99.00	
BOBBY PERKINS	4/21/2001	04/23/2001	MEDICAL X-RAY CENTER, P.C		\$221.50	RT KNEE INJURY
BOBBY PERKINS	4/21/2001	04/23/2001	ORTHOPEDIC INSTITUTE		\$173.00	
BOBBY PERKINS	4/21/2001	04/23/2001	ORTHOPEDIC INSTITUTE		\$2,337.00	
SHANNON POPPINGA	05/19/2001	05/21/2001	MCGREEVY CLINIC		\$113.00	NO BACKUP
KURTISS RIGGS	05/19/2001	05/21/2001	MCGREEVY CLINIC		\$86.00	NO BACKUP
COREY WALKER	4/21/2001	4/26/2001	MCGREEVY CLINIC		\$95.00	HEAD CONCUSSION
ROGER PEDERSEN		7/31/2001	ORTHOPEDIC INSTITUTE		\$173.00	
ROGER PEDERSEN		7/31/2001	ORTHOPEDIC INSTITUTE		\$48.00	
ROGER PEDERSEN		7/31/2001	ORTHOPEDIC INSTITUTE		\$3,252.00	
ROGER PEDERSEN		4/10/2001	MEDICAL X-RAY CENTER, P.C		\$221.50	
ROGER PEDERSEN		4/10/2002	ANESTHESIOLOGY ASSOC		\$560.00	
ROGER PEDERSEN		4/10/2002	SIOUX FALL SURGICAL CTR		\$2,577.51	
ROGER PEDERSEN		4/10/2002	SIOUX VALLEY CLINIC		\$97.00	
			TOTALS		\$13,155.91	

SIOUX FALL STORM				
ORTHOPEDIC INSTITUTE				
SHAWN BAUER	\$1,746.40			
CHAD GOMARKO	\$436.00			
MICHAEL HUNTER	\$368.00			
ROGER PEDERSEN	\$3,473.00			
BOBBY PERKINS	\$2,510.00			
TOTAL				\$8,533.40
MCGREEVY CLINIC				
DONALD HILSENROTH	\$169.00			
JIM BEAN	\$75.00			
AKIN STERNE	\$172.00			
SHANNON POPPINGAM	\$113.00			
SHAWN BAUER	\$235.00			
KURTIS RIGGS	\$86.00			
COREY WALKER	\$95.00			
TOTAL				\$945.00
MEDICAL X-RAY CENTER, P.C.				
ROGER PEDERSEN	\$221.50			
BOBBY PERKINS	\$221.50			
TOTAL				\$443.00
ANESTHESIOLOGY ASSOCIATES INC				
ROGER PEDERSEN	\$560.00			
TOTAL				\$560.00
SIOUX FALLS SURGERY CENTER				
ROGER PEDERSEN	\$2,577.51			
TOTAL				\$2,577.51
SIOUX VALLEY CLINIC				
ROGER PEDERSEN	\$97.00			
TOTAL				\$97.00
GRAND TOTAL				\$13,155.91



## SOUTHERN OREGON HEAT

## GARY M. REID

JOHN AVALOS	\$410.00		
ANDY HIXSON	\$245.00		
KENNY SMITH	\$405.00	TOTAL	\$1,060.00

## MEDFORD RADIOLOGICAL GROUP

JOHN AVALOS	\$95.90		
JAMES CALICOAT	\$48.19		
JACOB GALLOP	\$49.41		
ANTWAN HARRIS	\$95.90		
RYAN MORGAN	\$145.31		
WILLIAM SALADE III	\$48.80		
KENNY SMITH	\$748.60		
CRAIG WILLIAMSON	\$26.60	TOTAL	\$1,258.71

## SOUTHERN OREGON IMAGING

JOHN AVALOS	\$648.00		
ANTWAN HARRIS	\$648.00		
RYAN MORGAN	\$648.00		
KENNY SMITH	\$648.00	TOTAL	\$2,592.00

## HALS S. TOWNSEND, MD

JOHN AVALOS	\$52.00	TOTAL	\$52.00
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## SCOTT P. BYRD, PT

JOHN AVALOS	\$997.50	TOTAL	\$997.50
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## SPECTRUM P&amp;O INC

JOHN AVALOS	\$1,966.00	TOTAL	\$1,966.00
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## JOHN G. MAURER, MD

JACOB GALLOP	\$165.00	TOTAL	\$165.00
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## GLEN S. O'SULLIVIN, MD

RYAN MORGAN	\$613.50	TOTAL	\$613.50
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## DOUGLAS P. MORRISON, MD

KENNY SMITH	\$200.00	TOTAL	\$200.00
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GRAND TOTAL			\$8,904.71
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EMPLOYEE	INJURED DAT	DATE OF SERVICE	TRI-CITY DIESEL VENDOR	\$ AMOUNT	INJURY
GREG ALBRIGHT	03/31/2001	03/31/2001	GOOD SAMARITAN HOSPITAL	\$425.99	LF ARM INJURED
GREG ALBRIGHT	03/31/2001	04/01/2001	GOOD SAMARITAN HOSPITAL	\$8,799.96	
GREG ALBRIGHT	03/31/2001	03/31/2001	GREAT PLAINS RADIOLOGY	\$60.00	
GREG ALBRIGHT	03/31/2001	04/01/2001	KEARNEY ANESTHESIA ASSOC	\$714.00	
GREG ALBRIGHT	03/31/2001	04/01/2001	HEALTH SYSTEMS ENTERPRISES	\$1,890.00	
GREG ALBRIGHT	03/31/2001	04/10/2001	HEALTH SYSTEMS ENTERPRISES	\$189.00	
GREG ALBRIGHT	03/31/2001	07/23/2001	DARRYL W. KITAYAMA, MD	\$210.00	
REGINALD BOYD		05/03/2001	HEALTH SYSTEMS ENTERPRISES	\$237.00	LF 4TH DIGIT SPRAIN
REGINALD BOYD	05/26/2001	06/07/2001	HEALTH SYSTEMS ENTERPRISES	\$126.00	
REGINALD BOYD	05/26/2001	6/25, 7/6/01	KEARNEY BONE & JOINT CLINIC	\$264.00	
REGINALD BOYD	05/26/2001	6/26, 6/28, 6/29	GOOD SAMARITAN HEALTH SYSTEMS	\$406.44	
JESSE BURKE	04/07/2001	06/04/2001	HEALTH SYSTEMS ENTERPRISES	\$56.00	TORN ACL IN LF KNEE
JESSE BURKE	04/07/2001	06/07/2001	HEALTH SYSTEMS ENTERPRISES	\$246.00	
JESSE BURKE	04/07/2001	06/08/2001	HEALTH SYSTEMS ENTERPRISES	\$111.00	
JESSE BURKE	04/07/2001	06/13/2001	HEALTH SYSTEMS ENTERPRISES	\$66.00	
JESSE BURKE	04/07/2001	06/21/2001	HEALTH SYSTEMS ENTERPRISES	\$750.00	
JESSE BURKE	04/07/2001	06/04/2001	GREAT PLAINS RADIOLOGY	\$13.60	
JESSE BURKE	04/07/2001	06/04/2001	KEARNEY IMAGING CENTER	\$102.20	
JAY CHRISTENSEN	04/20/2001	06/25/2001	HEALTH SYSTEMS ENTERPRISES	\$102.00	RT RIBS INJURED
CHRISTOPHER EVA	04/11/2002	04/11/2002	RADIOLOGY ASSOCIATES	\$186.60	
DOMONIC HARRIS	03/19/2001	03/20/2001	HEALTH SYSTEMS ENTERPRISES	\$73.00	ACHILLES TENDON RUPTURE
DOMONIC HARRIS	03/19/2001	03/22/2001	HEALTH SYSTEMS ENTERPRISES	\$120.00	
DOMONIC HARRIS	03/19/2001	03/22/2001	KEARNEY IMAGING CENTER	\$879.00	
DOMONIC HARRIS	03/19/2001	03/22/2001	GREAT PLAINS RADIOLOGY	\$143.00	
DOMONIC HARRIS	03/19/2001	03/22/2001	HEALTH SYSTEMS ENTERPRISES	\$77.00	
DOMONIC HARRIS	03/19/2001	03/23/2001	GOOD SAMARITAN HOSPITAL	\$4,293.73	
DOMONIC HARRIS	03/19/2001	03/23/2001	HEALTH SYSTEMS ENTERPRISES	\$1,300.00	
DOMONIC HARRIS	03/19/2001	03/23/2001	KEARNEY ANESTHESIA ASSOC	\$504.00	
ADAM HOTZ	05/03/2001	05/03/2001	GOOD SAMARITAN HOSPITAL	\$382.05	LF ANKLE INJURED
ADAM HOTZ	05/03/2001	05/03/2001	GREAT PLAINS RADIOLOGY	\$63.00	
ADAM HOTZ	05/03/2001	05/03/2001	HEALTH SYSTEMS ENTERPRISES	\$85.00	
ADAM HOTZ	05/03/2001	05/04/2001	HEALTH SYSTEMS ENTERPRISES	\$111.00	
ADAM HOTZ	05/03/2001	5/4 & 5/15	HEALTH SYSTEMS ENTERPRISES	\$308.00	
ADAM HOTZ	05/03/2001	05/14/2001	GREAT PLAINS RADIOLOGY	\$143.00	
ADAM HOTZ	05/03/2001	05/14/2001	KEARNEY IMAGING CENTER	\$879.00	
ADAM HOTZ	05/03/2001	06/01/2001	HEALTH SYSTEMS ENTERPRISES	\$40.00	
CASEY HUGHES	04/24/2001	04/24/2001	ER PHYSICIANS / GOOD SAMARITAN	\$84.00	NO BACKUP
CASEY HUGHES	04/24/2001	04/24/2001	GOOD SAMARITAN HOSPITAL	\$470.69	BILATERAL SHOULDER INJURY
CASEY HUGHES	05/11/2001	05/12/2001	HEALTH SYSTEMS ENTERPRISES	\$187.00	



EMPLOYEE	INJURED DATE	DATE OF SERVICE	VENDOR	\$ AMOUNT	INJURY
CASEY HUGHES	05/11/2001	05/15/2001	HEALTH SYSTEMS ENTERPRISES	\$316.00	
CASEY HUGHES	05/11/2001	05/15/2001	GREAT PLAINS RADIOLOGY	\$367.00	
CASEY HUGHES	05/11/2001	05/15/2001	KEARNEY IMAGING CENTER	\$1,077.00	
CASEY HUGHES	05/11/2001	07/23/2001	DOCTORS' ANESTHESIA GROUP	\$441.00	
CASEY HUGHES	05/11/2001	07/16/2001	GOOD SAMARITAN OUTREACH SER	\$40.00	
CASEY HUGHES	05/11/2001	07/23/2001	GOOD SAMARITAN OUTREACH SER	\$540.00	
CASEY HUGHES	05/11/2001	07/23/2001	GOOD SAMARITAN OUTREACH SER	\$2,700.00	
CASEY HUGHES	05/11/2001	07/23/2001	GOOD SAMARITAN OUTREACH SER	\$131.00	
CASEY HUGHES	05/11/2001	07/31/2001	GOOD SAMARITAN OUTREACH SER	\$90.00	
CASEY HUGHES	05/11/2001	07/31/2001	GOOD SAMARITAN OUTREACH SER	\$40.00	
CASEY HUGHES	05/11/2001	08/20/2001	GOOD SAMARITAN HEALTH SYSTEMS	\$1,935.95	
JEREMY JENSEN	03/19/2001	04/06/2001	HEALTH SYSTEMS ENTERPRISES	\$177.00	
JEREMY JENSEN	03/19/2001	05/03/2001	CENTRAL NEBRASKA REHAB SER	\$111.00	BROKE TOE
JEREMY JENSEN	03/19/2001	06/28/2001	HEALTH SYSTEMS ENTERPRISES	\$40.00	
BRAD KJAR	04/14/2002	04/16/2002	HEALTH SYSTEMS ENTERPRISES	\$211.00	
BRAD KJAR	04/14/2002	04/16/2002	HEALTH SYSTEMS ENTERPRISES	\$111.00	
BRAD KJAR	04/14/2002	04/17/2002	HEALTH SYSTEMS ENTERPRISES	\$56.00	
BRAD KJAR	04/14/2002	4/17 - 4/20	HEALTH SYSTEMS ENTERPRISES	\$232.00	
BRAD KJAR	04/14/2001	04/25/2001	GREAT PLAINS RADIOLOGY	\$143.00	LF ANKLE INJURED
BRAD KJAR	04/14/2001	04/25/2001	KEARNEY IMAGING CENTER	\$879.00	
BRAD KJAR	04/14/2002	5/1 & 5/8	HEALTH SYSTEMS ENTERPRISES	\$112.00	
BRAD KJAR	04/14/2002	05/02/2002	HEALTH SYSTEMS ENTERPRISES	\$74.00	
BRAD KJAR	04/14/2002	05/03/2002	HEALTH SYSTEMS ENTERPRISES	\$87.00	
BRAD KJAR	04/14/2002	05/04/2002	HEALTH SYSTEMS ENTERPRISES	\$87.00	
BRAD KJAR	04/14/2002	05/07/2002	HEALTH SYSTEMS ENTERPRISES	\$66.00	
BRAD KJAR	04/14/2002	05/11/2002	HEALTH SYSTEMS ENTERPRISES	\$56.00	
SCOTT KUTSCHKAU	6/16/2001	06/06/2001	GREAT PLAINS RADIOLOGY	\$143.00	NO BACKUP
SCOTT KUTSCHKAU	6/16/2001	06/06/2001	KEARNEY IMAGING CENTER	\$879.00	
JIMMY MOORE	07/10/2001	07/11/2001	GOOD SAMARITAN OUTREACH SER	\$172.00	ELBOW INJURED
GEORGE MURDOC	05/25/2001	05/25/2001	HEALTH SYSTEMS ENTERPRISES	\$282.00	RT THUMB SPRAIN
ALPHONSUS OLIEH	06/16/2001	06/18/2001	HEALTH SYSTEMS ENTERPRISES	\$102.00	NO BACKUP
ALPHONSUS OLIEH	06/16/2001	06/27/2001	KEARNEY IMAGING CENTER	\$1,077.00	
ALPHONSUS OLIEH	06/16/2001	06/27/2001	GREAT PLAINS RADIOLOGY	\$367.00	RT SHOULDR ROTATOR CUFF
ALPHONSUS OLIEH	06/16/2001	06/28/2001	HEALTH SYSTEMS ENTERPRISES	\$40.00	TEAR
ALPHONSUS OLIEH	07/20/2001	08/20/2001	ALABAMA SPORTS MEDICINE & ORTH	\$170.00	
ALPHONSUS OLIEH	07/20/2001	08/20/2001	HEALTHSOUTH MEDICAL CTR	\$13.78	
ALPHONSUS OLIEH	07/20/2001	08/21/2001	MOTION MEDICAL, INC	\$71.57	
ALPHONSUS OLIEH	07/20/2001	08/21/2001	ALABAMA SPORTS MEDICINE & ORTH	\$5,245.00	
ALPHONSUS OLIEH	07/20/2001	08/21/2001	ANESTHESIA AND PAIN	\$1,026.00	
ALPHONSUS OLIEH	07/20/2001	08/21/2001	ANESTHESIA AND PAIN	\$162.00	

EMPLOYEE	INJURED DATE	DATE OF SERVICE	VENDOR	\$ AMOUNT	INJURY
ALPHONSUS OLIEH	07/20/2001	08/23/2001	HEALTHSOUTH APOTHECARY	\$197.69	
ALPHONSUS OLIEH	07/20/2001	08/21/2001	HEALTHSOUTH MEDICAL CTR	\$15,049.85	
ALPHONSUS OLIEH	07/20/2001	08/21/2001	ADVANCED IMAGING ASSOC AL	\$31.00	
ALPHONSUS OLIEH	07/20/2001	08/21/2001	ALABAMA SPORTS MEDICINE & ORTH	\$1,310.00	
ALPHONSUS OLIEH	07/20/2001	08/24/2001	HEALTHSOUTH HOLDINGS	\$262.00	
ALPHONSUS OLIEH	07/20/2001	8/27 - 8/30	HEALTHSOUTH HOLDINGS	\$713.00	
ALPHONSUS OLIEH	07/20/2001	8/31 - 9/7	HEALTHSOUTH HOLDINGS	\$1,306.00	
ALPHONSUS OLIEH	07/20/2001	9/8 - 9/14	HEALTHSOUTH HOLDINGS	\$1,368.00	
ALPHONSUS OLIEH	07/20/2001	9/15 - 9/21	HEALTHSOUTH HOLDINGS	\$1,375.00	
ALPHONSUS OLIEH	07/20/2001	9/22 - 9/28	HEALTHSOUTH HOLDINGS	\$1,446.00	
ALPHONSUS OLIEH	07/20/2001	10/08/2001	HEALTHSOUTH HOLDINGS	\$158.00	
ALPHONSUS OLIEH	07/20/2001	10/09/2001	HEALTHSOUTH HOLDINGS	\$182.00	
ALPHONSUS OLIEH	07/20/2001	10/10/2001	HEALTHSOUTH HOLDINGS	\$182.00	
ALPHONSUS OLIEH	07/20/2001	10/11/2001	HEALTHSOUTH HOLDINGS	\$182.00	
ALPHONSUS OLIEH	07/20/2001	10/12 & 15	HEALTHSOUTH HOLDINGS	\$364.00	
ALPHONSUS OLIEH	07/20/2001	10/16/2001	HEALTHSOUTH HOLDINGS	\$182.00	
ALPHONSUS OLIEH	07/20/2001	10/17 - 10/19	HEALTHSOUTH HOLDINGS	\$546.00	
ALPHONSUS OLIEH	07/20/2001	10/22/2001	HEALTHSOUTH HOLDINGS	\$182.00	
ALPHONSUS OLIEH	07/20/2001	10/23/2001	HEALTHSOUTH HOLDINGS	\$182.00	
ALPHONSUS OLIEH	07/20/2001	10/24 - 10/25	HEALTHSOUTH HOLDINGS	\$364.00	
ALPHONSUS OLIEH	07/20/2001	10/26 - 10/29	HEALTHSOUTH HOLDINGS	\$364.00	
ALPHONSUS OLIEH	07/20/2001	10/30 - 10/31	HEALTHSOUTH HOLDINGS	\$364.00	
ALPHONSUS OLIEH	07/20/2002	11/01/2001	HEALTHSOUTH HOLDINGS	\$182.00	
ALPHONSUS OLIEH	07/20/2002	11/02/2002	HEALTHSOUTH HOLDINGS	\$182.00	
ALPHONSUS OLIEH	07/20/2001	11/5 - 11/7	HEALTHSOUTH HOLDINGS	\$546.00	
ALPHONSUS OLIEH	07/20/2001	11/08/2001	HEALTHSOUTH HOLDINGS	\$182.00	
ALPHONSUS OLIEH	07/20/2001	11/09/2001	HEALTHSOUTH HOLDINGS	\$182.00	
ALPHONSUS OLIEH	07/20/2001	11/12/2001	HEALTHSOUTH HOLDINGS	\$182.00	
ALPHONSUS OLIEH	07/20/2001	11/13/2001	HEALTHSOUTH HOLDINGS	\$182.00	
ALPHONSUS OLIEH	07/20/2001	11/14/2001	HEALTHSOUTH HOLDINGS	\$182.00	
ALPHONSUS OLIEH	07/20/2001	11/15 - 11/19	HEALTHSOUTH HOLDINGS	\$546.00	
ALPHONSUS OLIEH	07/20/2001	11/20/2001	HEALTHSOUTH HOLDINGS	\$182.00	
ALPHONSUS OLIEH	07/20/2001	05/06/2002	ALABAMA SPORTS MEDICINE & ORTH	\$130.00	
ALPHONSUS OLIEH	07/20/2001	11/28/2001	HEALTHSOUTH HOLDINGS	\$182.00	
ALPHONSUS OLIEH	07/20/2001	11/29/2001	HEALTHSOUTH HOLDINGS	\$182.00	
ALPHONSUS OLIEH	05/26/2001	5/29, 5/30	HEALTH SYSTEMS ENTERPRISES	\$248.00	
ANTHONY PARKER	5/26/2001	05/30/2001	KEARNEY IMAGING CENTER	\$879.00	RT KNEE INJURED
ANTHONY PARKER	05/26/2001	05/30/2001	GREAT PLAINS RADIOLOGY	\$143.00	
ANTHONY PARKER	05/26/2001	06/05/2001	HEALTH SYSTEMS ENTERPRISES	\$40.00	
ANTHONY PARKER	05/26/2001	07/12/2001	GOOD SAMARITAN OUTREACH SER	\$131.00	

EMPLOYEE	INJURED DAT	DATE OF SERVICE	VENDOR	\$ AMOUNT	INJURY
ANTHONY PARKER	05/26/2001	07/18/2001	GOOD SAMARITAN OUTREACH SER	\$3,480.00	
ANTHONY PARKER	5/26/2001	07/18/2001	GOOD SAMARITAN OUTREACH SER	\$90.00	
ANTHONY PARKER	5/26/2002	07/18/2002	DOCTORS' ANESTHESIA GROUP	\$343.00	
ANTHONY PARKER	5/26/2001	07/25/2001	GOOD SAMARITAN OUTREACH SER	\$87.00	
ANTHONY PARKER	5/26/2001	09/26/2001	GOOD SAMARITAN OUTREACH SER	\$118.00	
ANTHONY PARKER	5/26/2001	09/27/2001	GOOD SAMARITAN OUTREACH SER	\$87.00	
ANTHONY PARKER	5/26/2001	10/8, 10, 16&18	GOOD SAMARITAN OUTREACH SER	\$285.00	
JOHN PETTIS	05/11/2001	05/15/2001	HEALTH SYSTEMS ENTERPRISES	\$262.00	RT WRIST & ELBOW INJURED
JOHN PETTIS	05/11/2001	06/05/2001	HEALTH SYSTEMS ENTERPRISES	\$40.00	
JOHN PETTIS	05/11/2001	06/12/2001	HEALTH SYSTEMS ENTERPRISES	\$56.00	
JOHN PETTIS	05/11/2001	06/13/2001	GREAT PLAINS RADIOLOGY	\$143.00	
JOHN PETTIS	05/11/2001	06/14/2001	HEALTH SYSTEMS ENTERPRISES	\$40.00	
JOHN PETTIS	05/11/2001	06/22/2001	ER PHYSICIANS / GOOD SAMARITAN	\$84.00	
JOHN PETTIS	05/11/2001	06/25/2001	ER PHYSICIANS / GOOD SAMARITAN	\$84.00	
JOHN PETTIS	05/11/2001	06/28/2001	HEALTH SYSTEMS ENTERPRISES	\$56.00	
JOHN PETTIS	05/11/2001	07/06/2001	GOOD SAMARITAN OUTREACH SER	\$20.00	
ERIC RYAN	03/17/2001	03/19/2001	HEALTH SYSTEMS ENTERPRISES	\$131.00	3/17 NO BACKUP
ERIC RYAN	03/31/2001	04/02/2001	KEARNEY IMAGING CENTER	\$498.00	
ERIC RYAN	03/31/2001	04/02/2001	GREAT PLAINS RADIOLOGY	\$206.00	3/31 RT FOOT FRACTURED
ERIC RYAN	03/31/2001	04/02/2001	HEALTH SYSTEMS ENTERPRISES	\$211.00	
ERIC RYAN	03/31/2001	04/10/2001	HEALTH SYSTEMS ENTERPRISES	\$78.00	
ERIC RYAN	03/31/2001	4/10, 4/24	HEALTH SYSTEMS ENTERPRISES	\$242.00	
ERIC RYAN	03/31/2001	04/24/2001	HEALTH SYSTEMS ENTERPRISES	\$66.00	
ERIC RYAN	03/31/2001	04/25/2001	HEALTH SYSTEMS ENTERPRISES	\$66.00	
ERIC RYAN	03/31/2001	4/26, 4/30, 5/12,	HEALTH SYSTEMS ENTERPRISES	\$219.00	
ERIC RYAN	03/31/2001	04/27/2001	HEALTH SYSTEMS ENTERPRISES	\$66.00	
ERIC RYAN	03/31/2001	05/11/2001	HEALTH SYSTEMS ENTERPRISES	\$56.00	
MARTIN SIMMONS	03/19/2001	03/21/2001	HEALTH SYSTEMS ENTERPRISES	\$20.00	
MARTIN SIMMONS	03/19/2001	4/6, 4/27	HEALTH SYSTEMS ENTERPRISES	\$202.00	
MARTIN SIMMONS	03/19/2001	04/07/2001	GREAT PLAINS RADIOLOGY	\$143.00	
MARTIN SIMMONS	03/19/2001	04/07/2001	KEARNEY IMAGING CENTER	\$879.00	
MARTIN SIMMONS	03/19/2001	05/01/2001	HEALTH SYSTEMS ENTERPRISES	\$131.00	LF KNEE ACL TEAR
MARTIN SIMMONS	03/19/2001	05/02/2001	GREAT PLAINS RADIOLOGY	\$30.00	
MARTIN SIMMONS	03/19/2001	05/02/2001	HEALTH SYSTEMS ENTERPRISES	\$6,290.00	
MARTIN SIMMONS	03/19/2001	05/02/2001	DOCTORS' ANESTHESIA GROUP	\$735.00	
MARTIN SIMMONS	03/19/2001	05/02/2001	GOOD SAMARITAN HOSPITAL	\$9,292.43	
MARTIN SIMMONS	03/19/2001	5/3 & 5/4	HEALTH SYSTEMS ENTERPRISES	\$198.00	
MARTIN SIMMONS	03/19/2001	05/07/2001	HEALTH SYSTEMS ENTERPRISES	\$87.00	
MARTIN SIMMONS	03/19/2001	05/08/2001	HEALTH SYSTEMS ENTERPRISES	\$66.00	
MARTIN SIMMONS	03/19/2001	05/09/2001	HEALTH SYSTEMS ENTERPRISES	\$66.00	

EMPLOYEE	INJURED DATE	DATE OF SERVICE	VENDOR	\$ AMOUNT	INJURY
MARTIN SIMMONS	03/19/2001	5/11/2001	HEALTH SYSTEMS ENTERPRISES	\$710.00	
MARTIN SIMMONS	03/19/2001	05/11/2001	HEALTH SYSTEMS ENTERPRISES	\$66.00	
MARTIN SIMMONS	03/19/2001	5/14, 5/15, 5/16, 5/17	HEALTH SYSTEMS ENTERPRISES	\$285.00	
MARTIN SIMMONS	03/19/2001	05/18/2001	HEALTH SYSTEMS ENTERPRISES	\$66.00	
MARTIN SIMMONS	03/19/2001	5/21, 5/23, 5/24	HEALTH SYSTEMS ENTERPRISES	\$198.00	
MARTIN SIMMONS	03/19/2001	05/29/2001	HEALTH SYSTEMS ENTERPRISES	\$66.00	
MARTIN SIMMONS	03/19/2001	6/7, 6/8, 6/13	HEALTH SYSTEMS ENTERPRISES	\$198.00	
MARTIN SIMMONS	03/19/2001	6/15, 6/19, 6/20	HEALTH SYSTEMS ENTERPRISES	\$198.00	
MARTIN SIMMONS	03/19/2001	06/18/2001	HEALTH SYSTEMS ENTERPRISES	\$50.00	
MARTIN SIMMONS	03/19/2001	07/26/2001	MED CENTER OF LEWISVILLE	\$2,906.75	
MARTIN SIMMONS	03/19/2001	09/04/2001	MED CENTER OF LEWISVILLE	\$214.50	
DAVID STRICKLIN	04/07/2002	4/9 & 4/23	HEALTH SYSTEMS ENTERPRISES	\$252.00	
DAVID STRICKLIN	04/07/2001	04/12/2001	HEALTH SYSTEMS ENTERPRISES	\$132.00	4/12 LK KNEE INJURED
DAVID STRICKLIN	04/07/2001	05/14/2001	REFERRAL LABORATORY	\$20.83	
DAVID STRICKLIN	06/01/2001	06/04/2001	HEALTH SYSTEMS ENTERPRISES	\$131.00	6/4 LF FOOT INJURED
DAVID STRICKLIN	06/01/2001	6/13/2001	GOOD SAMARITAN HEALTH SYSTEMS	\$427.02	
DAVID STRICKLIN	06/01/2001	6/13/2001	GREAT PLAINS RADIOLOGY	\$119.00	
DAVID STRICKLIN	06/01/2001	6/14, 6/29	HEALTH SYSTEMS ENTERPRISES	\$251.00	
CARL TEPLY	7/12/2001	7/30/2001	GOOD SAMARITAN OUTREACH SER	\$111.00	NO BACKUP
CARL TEPLY	7/12/2001	7/30/2001	GOOD SAMARITAN OUTREACH SER	\$192.00	
JIM TERRY	6/18/2001	6/18/2001	HEALTH SYSTEMS ENTERPRISES	\$50.00	NO BACKUP
ROBERT THOMAS	4/21/2001	4/23, 5/3, 5/7	HEALTH SYSTEMS ENTERPRISES	\$268.00	4/23 BILATERAL SHOULDER INJURY
ROBERT THOMAS	4/21/2001	5/4/2001	KEARNEY IMAGING CENTER	\$879.00	
ROBERT THOMAS	4/21/2001	5/4/2001	GREAT PLAINS RADIOLOGY	\$238.00	6/22 RT RIBS INJURED
ROBERT THOMAS	4/21/2001	5/14/2001	KEARNEY BONE & JOINT CLINIC	\$160.00	
ROBERT THOMAS	6/22/2001	7/3/2001	GOOD SAMARITAN OUTREACH SER	\$166.00	
TYRONE THOMAS	7/3/2001	7/17/2001	GOOD SAMARITAN OUTREACH SER	\$102.00	LF KNEE INJURED
TYRONE THOMAS	7/3/2001	7/19/2001	GOOD SAMARITAN OUTREACH SER	\$40.00	
TYRONE THOMAS	7/3/2001	7/18/2001	KEARNEY IMAGING CENTER	\$879.00	
TYRONE THOMAS	7/3/2001	7/18/2001	GREAT PLAINS RADIOLOGY	\$143.00	
DALE VANHOUSEN	4/11/2001	4/25/2001	HEALTH SYSTEMS ENTERPRISES	\$172.00	RT HAMSTRING INJURED
DALE VANHOUSEN	5/21/2001	5/21/2001	HEALTH SYSTEMS ENTERPRISES	\$520.00	LF KNEE HURT
DALE VANHOUSEN	5/19/2001	5/29/2001	HEALTH SYSTEMS ENTERPRISES	\$132.00	LF 4TH DIGIT INJURY
DALE VANHOUSEN	6/22/2001	6/26/2001	HEALTH SYSTEMS ENTERPRISES	\$131.00	LF RIBS INJURED
DALE VANHOUSEN	6/22/2001	8/16/2001	GOOD SAMARITAN OUTREACH SER	\$130.00	
CHARLES VERDON	5/8/2001	5/8/2001	HEALTH SYSTEMS ENTERPRISES	\$50.00	NO BACKUP
CHARLES VERDON	6/1/2001	6/7/2001	HEALTH SYSTEMS ENTERPRISES	\$126.00	
			TOTALS	\$111,795.63	



## TRI-CITY DIESEL

## GOOD SAMARITAN HOSPITAL

GREG ALBRIGHT	\$9,225.95		
DOMONIC HARRIS	\$4,293.73		
ADAM HOTZ	\$382.05		
CASEY HUGHES	\$470.69		
MARTIN SIMMONS	\$9,292.43		
		TOTAL	\$23,664.85

## GREAT PLAINS RADIOLOGY

GREG ALBRIGHT	\$60.00		
JESSE BURKE	\$13.60		
DOMONIC HARRIS	\$143.00		
ADAM HOTZ	\$206.00		
CASEY HUGHES	\$367.00		
BRAD KJAR	\$143.00		
SCOTT KUTSCHKAU	\$143.00		
ALPHONSUS OLIEH	\$367.00		
ANTHONY PARKER	\$143.00		
JOHN PETTIS	\$143.00		
ERIC RYAN	\$206.00		
MARTIN SIMMONS	\$173.00		
DAVID STRICKLIN	\$119.00		
ROBERT THOMAS	\$238.00		
TYRONE THOMAS	\$143.00		
		TOTAL	\$2,607.60

## KEARNEY ANESTHESIA ASSOCIATION

GREG ALBRIGHT	\$714.00		
DOMONIC HARRIS	\$504.00		
		TOTAL	\$1,218.00

## HEALTH SYSTEMS ENTERPRISES

GREG ALBRIGHT	\$2,079.00		
REGINALD BOYD	\$363.00		
JESSE BURKE	\$1,229.00		
JAY CHRISTENSEN	\$102.00		
DOMONIC HARRIS	\$1,570.00		
ADAM HOTZ	\$544.00		
CASEY HUGHES	\$503.00		
GEORGE MURDOCH	\$282.00		
JEREMY JENSEN	\$217.00		
BRAD KJAR	\$1,092.00		
ALPHONSUS OLIEH	\$142.00		
ANTHONY PARKER	\$288.00		
JOHN PETTIS	\$454.00		
ERIC RYAN	\$1,135.00		
MARTIN SIMMONS	\$8,897.00		
DAVID STRICKLIN	\$766.00		
JIM TERRY	\$50.00		
ROBERT THOMAS	\$268.00		
DALE VANHOUSEN	\$955.00		
CHARLES VERDONE	\$176.00		
		TOTAL	\$21,112.00



DARRYL W. KITAYAMA, MD			
GREG ALBRIGHT	\$210.00	TOTAL	\$210.00
KEARNEY BONE & JOINT CLINIC			
REGINALD BOYD	\$264.00		
ROBERT THOMAS	\$160.00	TOTAL	\$424.00
GOOD SAMARITAN HEALTH SYSTEMS			
REGINALD BOYD	\$406.44		
CASEY HUGHES	\$1,935.95		
DAVID STRICKLIN	\$427.02	TOTAL	\$2,769.41
KEARNEY IMAGING CENTER			
JESSE BURKE	\$102.20		
DOMONIC HARRIS	\$879.00		
ADAM HOTZ	\$879.00		
CASEY HUGHES	\$1,077.00		
BRAD KJAR	\$879.00		
SCOTT KUTSCHKAU	\$879.00		
ALPHONSUS OLIEH	\$1,077.00		
ANTHONY PARKER	\$879.00		
ERIC RYAN	\$498.00		
MARTIN SIMMONS	\$879.00		
ROBERTH THOMAS	\$879.00		
TYRONE THOMAS	\$879.00	TOTAL	\$9,786.20
ER PHYSICIANS / GOOD SAMARITAN HOSPITAL			
CASEY HUGHES	\$84.00		
JOHN PETTIS	\$168.00	TOTAL	\$252.00
DOCTORS' ANESTHESIA GROUP			
ANTHONY PARKER	\$343.00		
CASEY HUGHES	\$441.00		
MARTIN SIMMONS	\$735.00	TOTAL	\$1,519.00
CENTRAL NEBRASKA REHAB SERVICES			
JEREMY JENSEN	\$111.00	TOTAL	\$111.00
GOOD SAMARITAN OUTREACH SERVICES			
JIMMY MOORE	\$172.00		
ANTHONY PARKER	\$4,278.00		
JOHN PETTIS	\$20.00		
CARL TEPLY	\$303.00		
ROBERT THOMAS	\$166.00		
CASEY HUGHES	\$3,541.00		
TYRONE THOMAS	\$142.00		
DALE VANHOUSEN	\$130.00	TOTAL	\$8,752.00
ALABAMA SPORTS MEDICINE & ORTHO			
ALPHONSUS OLIEH	\$6,855.00	TOTAL	\$6,855.00

HEALTHSOUTH MEDICAL CENTER ALPHONSUS OLIEH	\$15,063.63	TOTAL	\$15,063.63
MOTION MEDICAL, INC. ALPHONSUS OLIEH	\$71.57	TOTAL	\$71.57
ANESTHESIA AND PAIN CENTER ALPHONSUS OLIEH	\$1,188.00	TOTAL	\$1,188.00
HEALTHSOUTH APOTHECARY ALPHONSUS OLIEH	\$197.69	TOTAL	\$197.69
ADVANCED IMAGING ASSOCIATION ALPHONSUS OLIEH	\$31.00	TOTAL	\$31.00
HEALTHSOUTH HOLDINGS ALPHONSUS OLIEH	\$12,634.00	TOTAL	\$12,634.00
MED CENTER OF LEWISVILLE MARTIN SIMMONS	\$3,121.25	TOTAL	\$3,121.25
REFERRAL LABORATORY DAVID STRICKLIN	\$20.83	TOTAL	\$20.83
RADIOLOGY ASSOCIATES, PRO CHRISTOPHER EVANS	\$186.60	TOTAL	\$186.60
	GRAND TOTAL		\$111,795.63

EMPLOYEE	INJURED DATE	DATE OF SERVICE	WYOMING CALVARY VENDOR	\$ AMOUNT	COMP\$	LESSER\$	INJURY
NKRUMAH HATTEN	05/04/2001	05/10/2001	GEM CITY BONE & JOINT PC	✓\$1,066.00	\$1,146.92	\$1,066.00	RT FX 1ST METACARPAL CLOSED
NKRUMAH HATTEN	05/04/2001	05/10/2001	GEM CITY BONE & JOINT PC	✓\$950.00	\$950.00	\$950.00	
NKRUMAH HATTEN	05/04/2001	06/01/2001	GEM CITY BONE & JOINT PC	✓\$109.00	\$167.82	\$109.00	
JEFFREY WRAY	04/06/2001	04/09/2001	WYOMING IMAGING CENTER	✓\$582.12	\$1,410.22	\$582.12	RT KNEE ACL TEAR
JEFFREY WRAY	04/06/2001	04/09/2001	GEM CITY BONE & JOINT PC	✓\$87.00	\$176.32	\$87.00	HAD SURGERY
JEFFREY WRAY	04/06/2001	04/16/2001	GEM CITY BONE & JOINT PC	✓\$53.00	\$115.21	\$53.00	
JEFFREY WRAY	04/06/2001	05/02/2001	IMH ANESTHESIA SERVICES	✓\$910.00	\$910.00	\$910.00	
JEFFREY WRAY	04/06/2001	05/02/2001	GEM CITY BONE & JOINT PC	✓\$5,004.00	\$7,465.77	\$5,004.00	
JEFFREY WRAY	04/06/2001	05/02/2001	GEM CITY BONE & JOINT PC	✓\$6,103.00	\$4,768.00	\$4,768.00	
JEFFREY WRAY	04/01/1996	05/02/2001	GEM CITY BONE & JOINT PC	✓\$762.00	\$4,668.00	\$762.00	
JEFFREY WRAY	04/06/2001	05/02/2001	GEM CITY BONE & JOINT PC	✓\$211.00	\$211.00	\$211.00	
JEFFREY WRAY	04/06/2001	05/02/2001	GEM CITY BONE & JOINT PC	✓\$750.00	\$107.07	\$107.07	
JEFFREY WRAY	04/06/2001	05/03/2001	THE MEDCOM GROUP, LTD	✓\$1,480.00	\$1,480.00	\$1,480.00	
JEFFREY WRAY	04/06/2001	05/07/2001	WYOMING PERFORMANCE CENTER	✓\$124.00	\$126.28	\$124.00	
JEFFREY WRAY	04/06/2001	05/09/2001	WYOMING PERFORMANCE CENTER	✓\$105.00	\$127.75	\$105.00	
JEFFREY WRAY	04/06/2001	05/11/2001	WYOMING PERFORMANCE CENTER	✓\$105.00	\$127.75	\$105.00	
JEFFREY WRAY	04/06/2001	05/14/2001	WYOMING PERFORMANCE CENTER	✓\$170.00	\$239.12	\$170.00	
JEFFREY WRAY	04/06/2001	05/15/2001	WYOMING PERFORMANCE CENTER	✓\$105.00	\$169.83	\$105.00	
JEFFREY WRAY	04/06/2001	05/16/2001	WYOMING PERFORMANCE CENTER	✓\$105.00	\$169.83	\$105.00	
JEFFREY WRAY	04/06/2001	05/21/2001	WYOMING PERFORMANCE CENTER	✓\$105.00	\$169.83	\$105.00	
JEFFREY WRAY	04/06/2001	05/23/2001	WYOMING PERFORMANCE CENTER	✓\$105.00	\$169.83	\$105.00	
JEFFREY WRAY	04/06/2001	05/25/2001	WYOMING PERFORMANCE CENTER	✓\$105.00	\$169.83	\$105.00	
JEFFREY WRAY	04/06/2001	06/01/2001	WYOMING PERFORMANCE CENTER	✓\$135.00	\$200.97	\$135.00	
JEFFREY WRAY	04/06/2001	06/04/2001	WYOMING PERFORMANCE CENTER	✓\$135.00	\$200.97	\$135.00	
JEFFREY WRAY	04/06/2001	06/06/2001	WYOMING PERFORMANCE CENTER	✓\$125.00	\$158.89	\$125.00	
JEFFREY WRAY	04/06/2001	06/08/2001	WYOMING PERFORMANCE CENTER	✓\$135.00	\$200.97	\$135.00	
JEFFREY WRAY	04/06/2001	06/11/2001	WYOMING PERFORMANCE CENTER	✓\$135.00	\$200.97	\$135.00	
JEFFREY WRAY	04/06/2001	06/13/2001	WYOMING PERFORMANCE CENTER	✓\$25.00	\$22.99	\$22.99	
JEFFREY WRAY	04/06/2001	06/13/2001	WYOMING PERFORMANCE CENTER	✓\$110.00	\$177.98	\$110.00	
JEFFREY WRAY	04/06/2001	06/15/2001	WYOMING PERFORMANCE CENTER	✓\$140.00	\$207.98	\$140.00	
JEFFREY WRAY	04/06/2001	06/18/2001	WYOMING PERFORMANCE CENTER	✓\$140.00	\$207.98	\$140.00	
JEFFREY WRAY	04/06/2001	06/20/2001	WYOMING PERFORMANCE CENTER	✓\$140.00	\$207.98	\$140.00	
JEFFREY WRAY	04/06/2001	06/22/2001	WYOMING PERFORMANCE CENTER	✓\$150.00	\$154.56	\$150.00	
JEFFREY WRAY	04/06/2001	06/25/2001	WYOMING PERFORMANCE CENTER	✓\$130.00	\$167.04	\$130.00	
JEFFREY WRAY	04/06/2001	06/27/2001	WYOMING PERFORMANCE CENTER	✓\$100.00	\$135.90	\$100.00	
JEFFREY WRAY	04/06/2001	06/29/2001	WYOMING PERFORMANCE CENTER	✓\$130.00	\$167.04	\$130.00	
JEFFREY WRAY	04/06/2001	07/02/2001	WYOMING PERFORMANCE CENTER	✓\$130.00	\$167.04	\$130.00	
JEFFREY WRAY	04/06/2001	07/03/2001	WYOMING PERFORMANCE CENTER	✓\$120.00	\$124.56	\$120.00	
JEFFREY WRAY	04/06/2001		WYOMING PERFORMANCE CENTER	\$855.00	\$855.00	\$855.00	

EMPLOYEE	INJURED DATE	DATE OF SERVICE	VENDOR	\$ AMOUNT	COMP\$	LESSER\$	INJURY
JEFFREY WRAY	04/06/2001		CASPER MEDICAL IMAGING PC	✓ \$240.00	\$240.00	\$240.00	
TARVARES WYNN	07/07/2001	07/07/2001	MCGREEVY CLINIC	✓ \$162.00	\$301.40	\$162.00	ABDOMINAL PAIN
KEVIN STANLEY	06/23/2001	06/25/2001	GEM CITY BONE & JOINT PC	✓ \$126.00	\$201.92	\$126.00	LF KNEE ACL TEAR HAD SURGER
KEVIN STANLEY	06/23/2001	06/25/2001	CASPER MEDICAL IMAGING PC	✓ \$84.00	\$109.40	\$84.00	
KEVIN STANLEY	06/23/2001	07/02/2001	CHALK BUTTES DIAG IMAGING	✓ \$160.00	\$174.30	\$160.00	
KEVIN STANLEY	06/23/2001	07/02/2001	MEM HOSP CONVERSE	✓ \$1,413.00	\$1,584.51	\$1,413.00	
KEVIN STANLEY	06/23/2001	07/09/2001	GEM CITY BONE & JOINT PC	✓ \$53.00	\$115.21	\$53.00	
KEVIN STANLEY	06/23/2001	07/11/2001	GEM CITY BONE & JOINT PC	✓ \$750.00	\$107.07	\$107.07	
KEVIN STANLEY	06/23/2001	07/11/2001	GEM CITY BONE & JOINT PC	✓ \$96.00	\$96.00	\$96.00	
KEVIN STANLEY	06/23/2001	07/11/2001	GEM CITY BONE & JOINT PC	✓ \$5,844.00	\$4,985.44	\$4,985.44	
KEVIN STANLEY	06/23/2001	07/11/2001	GEM CITY BONE & JOINT PC	✓ \$5,130.00	\$8,174.53	\$5,130.00	
KEVIN STANLEY	06/23/2001	07/11/2001	ANESTHESIA ASSOC OF LARAMIE	✓ \$1,105.00	\$174.57	\$174.57	
KEVIN STANLEY	06/23/2001	07/16/2001	WYOMING PERFORMANCE CENTER	✓ \$160.00	\$223.77	\$160.00	
KEVIN STANLEY	06/23/2001	07/18/2001	WYOMING PERFORMANCE CENTER	✓ \$105.00	\$169.83	\$105.00	
KEVIN STANLEY	06/23/2001	07/20/2001	WYOMING PERFORMANCE CENTER	✓ \$105.00	\$169.83	\$105.00	
KEVIN STANLEY	06/23/2001	07/23/2001	CASPER MEDICAL IMAGING PC	✓ \$95.00	\$140.24	\$95.00	
KEVIN STANLEY	06/30/2001	07/23/2001	WYOMING PERFORMANCE CENTER	✓ \$95.00	\$127.55	\$95.00	
KEVIN STANLEY	06/30/2001	07/25/2001	WYOMING PERFORMANCE CENTER	✓ \$105.00	\$169.83	\$105.00	
KEVIN STANLEY	06/30/2001	07/27/2001	WYOMING PERFORMANCE CENTER	✓ \$105.00	\$169.83	\$105.00	
KEVIN STANLEY	6/30/2001	07/30/2001	WYOMING PERFORMANCE CENTER	✓ \$130.00	\$165.70	\$130.00	
KEVIN STANLEY	6/30/2001		WYOMING PERFORMANCE CENTER	✓ \$50.00	\$50.00	\$50.00	
ANTHONY SIMMON	05/04/2001	05/11/2001	GEM CITY BONE & JOINT PC	✓ \$126.00	\$201.92	\$126.00	LF SHOULDER INJURY
ANTHONY SIMMON	05/04/2001	05/21/2001	GEM CITY BONE & JOINT PC	✓ \$53.00	\$115.21	\$53.00	
ANTHONY SIMMON	05/04/2001	06/09/2001	ST LUKES REGIONAL MED CENTER	✓ \$192.27	\$192.27	\$192.27	
ANTHONY SIMMON	05/04/2001	06/11/2001	GEM CITY BONE & JOINT PC	✓ \$37.00	\$57.61	\$37.00	
ANTHONY SIMMON	05/04/2001	05/16/2001	EMORIAL HOSPITAL OF CONVERSE COUNT	✓ \$2,041.00	\$2,041.00	\$2,041.00	MRI
ANTHONY SIMMON	05/04/2001		WYOMING PERFORMANCE CENTER	✓ \$65.00	\$65.00	\$65.00	
ANTHONY SIMMON	05/04/2001		WYOMING PERFORMANCE CENTER	✓ \$165.00	\$165.00	\$165.00	
ANTHONY SIMMON	05/04/2001		CHALK BUTTES DIAG IMAGING	✓ \$258.00	\$258.00	\$258.00	
ANTHONY SIMMON	05/04/2001		GEM CITY BONE & JOINT PC	✓ \$53.00	\$53.00	\$53.00	
COURTNEY LUTGE	04/07/2001	04/09/2001	CHADRON MEDICAL CLINIC	✓ \$68.00	\$70.99	\$68.00	RT FINGER DISLOCATION
MICHAEL BOSTER	05/26/2001	07/23/2001	CASPER MEDICAL IMAGING PC	✓ \$78.00	\$103.58	\$78.00	ANKLE INJURY
MICHAEL BOSTER	05/26/2001		WYOMING PERFORMANCE CENTER	✓ \$355.00	\$355.00	\$355.00	
RICHARD FUENTES	06/08/2001	06/11/2001	GEM CITY BONE & JOINT PC	✓ \$87.00	\$87.00	\$87.00	GRADE 2 LF ANKLE SPRAIN
RICHARD FUENTES	06/08/2001	06/11/2001	CASPER MEDICAL IMAGING PC	✓ \$78.00	\$103.58	\$78.00	
ROBERT NORRIS	03/31/2001		WYOMING PERFORMANCE CENTER	✓ \$50.00	\$50.00	\$50.00	
DUANE MONLUX	03/31/2001		WYOMING PERFORMANCE CENTER	✓ \$140.00	\$140.00	\$140.00	
KENDALL HILL	05/26/2001		WYOMING PERFORMANCE CENTER	✓ \$673.00	\$673.00	\$673.00	
ALDWIN LANCE	04/07/2001		WYOMING PERFORMANCE CENTER	✓ \$465.00	\$465.00	\$465.00	

EMPLOYEE	INJURED DAT	DATE OF SERVIC	VENDOR	\$ AMOUNT	COMP\$	LESSER\$	INJURY
			TOTALS	\$43,028.39	\$51,453.29	\$38,616.53	

Entity	Amount	Total
GEM CITY BONE & JOINT PC NKUMAH HATTEN JEFFREY WRAY KEVIN STANLEY ANTHONY SIMMONS RICHARD FUENTES	\$2,125.00 \$12,970.00 \$11,999.00 \$269.00 \$87.00	TOTAL \$27,450.00
WYOMING IMAGING CENTER JEFFREY WRAY	\$582.12	TOTAL \$582.12
IMH ANESTHESIA SERVICES JEFFREY WRAY	\$910.00	TOTAL \$910.00
THE MEDCOM GROUP, LTD JEFFREY WRAY	\$1,480.00	TOTAL \$1,480.00
WYOMING PERFORMANCE CENTER JEFFREY WRAY KEVIN STANLEY ANTHONY SIMMONS MICHAEL BOSTER ROBERT NORRIS DUANE MONLUX KENDALL HILL ALDWIN LANCE	\$3,864.00 \$855.00 \$230.00 \$355.00 \$50.00 \$140.00 \$673.00 \$465.00	TOTAL \$6,632.00
CASPER MEDICAL IMAGING PC JEFFREY WRAY KEVIN STANLEY MICHAEL BOSTER RICHARD FUENTES	\$240.00 \$179.00 \$78.00 \$78.00	TOTAL \$575.00
MCGREEVY CLINIC TAVARES WYNN	\$162.00	TOTAL \$162.00
CHALK BUTTES DIAG IMAGING KEVIN STANLEY ANTHONY SIMMONS	\$160.00 \$258.00	TOTAL \$418.00
MEM HOSPITAL CONVERSE KEVIN STANLEY ANTHONY SIMMONS	\$1,413.00 \$2,041.00	TOTAL \$3,454.00
ANESTHESIA ASSOC. OF LARAMIE KEVIN STANLEY	\$1,105.00	TOTAL \$1,105.00
ST LUKE'S REGIONAL MEDICAL CENTER ANTHONY SIMMONS	\$192.27	TOTAL \$192.27



GRAND TOTAL \$43,028.39

TOTAL \$68.00

CHADRON MEDICAL CLINIC, P.C.  
COURTNEY LUTGEN

Wyoming Calvary  
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